



# Central Florida Christian Athletic Conference



## YOUTH BASKETBALL REGISTRATION FORM COMPLETE ONE FORM PER CHILD

One time registration fee of \$25.00 Fee \$140.00

Please circle one: Male Female T-Shirt Size: Youth SM Med L XL Adult SM Med L XL 2XL 3XL

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### IN CASE OF EMERGENCY

Contact # 1  
Name \_\_\_\_\_

Contact # 2  
Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

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Participant's Allergies: \_\_\_\_\_

Participant's Medical Conditions: \_\_\_\_\_

Name of Participant's Physician \_\_\_\_\_

Physician's Telephone \_\_\_\_\_

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### WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for \_\_\_\_\_  
(Participant's Name)

to participate and to be photographed for publicity purposes. I will not hold Central Florida Christian Athletic Conference, LLC. and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of Central Florida Christian Athletic Conference, LLC. prior to participation in this program.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

#### FOR OFFICE USE ONLY

Amount Paid \_\_\_\_\_ ( ) M.O. ( ) Cash ( ) Check # \_\_\_\_\_ Receipt \$ \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_