



Youth Basketball League

Athlete Information Form



Athlete's Name: _____ Age: _____ M [] F []

Date of Birth: ____/____/____ Jersey Size: **Youth** S M L XL or **Adult** S M L XL

Address: _____ City: _____ Zip Code: _____

Parent/Guardian's Name: _____

Phone #1: _____ Phone #2: _____

Email Address: _____

Are you interested in being a Coach or Assistant Coach? YES [] NO []

Emergency Contact Information

Contact #1 Name: _____

Contact #2 Name: _____

Relation to Athlete: _____

Relation to Athlete: _____

Phone #1: _____

Phone #1: _____

Phone #2: _____

Phone #2: _____

Athlete's Medical Information

Athlete's Allergies: _____

Athlete's Medical Conditions: _____

Staff Members are not permitted to carry or administer medication

Special Requests

(Requests will be considered, but are not guaranteed)

Staff Use Only

Payment: Cash Credit Check **Amount:** \$ _____ **Receipt Number:** _____

Date Received: _____ **Copy of Birth Certificate:** _____ **Division:** _____



ACTIVITY: Youth Basketball League

PARTICIPATION WAIVERS AND RELEASES

PARTICIPANT NAME: _____

Photo & Video Taping Release:

I hereby give my express and unconditional permission and consent to City of MENIFEE to use videotaped or photographed images of me or said minor or otherwise use the name or my likeness or that of said minor for use in the City's publicity or public relations materials and I will not seek any fee or other form of compensation of any type or amount for such use. I hereby give up any rights that I or said minor may have to inspect or approve my images, name or likeness or that of said minor including any advertising copy, printed matter, website or other media or material in which my images, name or likeness or that of said minor may appear in relation to the City publicity or public relations materials.

 Initials

Release from Liability and Indemnification:

In consideration for participating in the activity(ies) listed above, I hereby waive, release and discharge any and all claims for damages for bodily injury, personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in the activity(ies). This release is intended to discharge, in advance, the City of MENIFEE, its officers, officials, employees, agents, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation in said activity, even though that liability may arise out of negligence on the part of the City its officers, officials, employees, agents, and volunteers. I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents may occur during the above described activity; and that participants in the above described activity may sustain bodily injury, personal injury and/or property damage as a consequence thereof. Those hazards include, but are not limited to, exposure to the elements, sprains, strains, cuts or contusions associated with strenuous work or the use of tools; over exertion; walking on uneven ground, lifting materials or unpredictable acts by others. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in the above described activity and I hereby agree to assume any and all risks of injury or death and to release the City of MENIFEE, its officer, officials, employees, agents, and volunteers, who through negligence or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks is to be binding to my heirs and assigns. I further agree to indemnify, defend and hold the City of MENIFEE its officers, officials, employees, agents, and volunteers harmless from any loss, liability, claim, damage, or expense which may incur as a result of my participation in the above described activity.

 Initials

Parent/Guardian Signature: _____ Date: _____