



FRIDAY NIGHT BASKETBALL 2019

Registration Form

Name.....Age.....

Address

Home Phone.....Mobile.....

Medical Details

Do you have any relevant Medical Conditions (ie Asthma, etc)? YES/NO

If yes, please list

Do you have any Medication for the above conditions? YES/NO

If yes, please list

Emergency Contact Details

Emergency Contact Name

Emergency Contact Number

Please read and sign waver of liability below

Please enter my child in the Friday Night Basketball. In consideration of the acceptance of this entry I hereby for myself release, discharge west coast youth, community support, any, all sponsors, supporters, organizers, property owners, employees, volunteers in any way associated or affiliated with the aforementioned event from all claims, damages, demands and actions whatsoever in any manner arising or growing out of my participation in the youth week sports team challenge. I attest, verify that I have full knowledge of the risks involved in these events, that I'm physically fit and sufficiently trained to participate in this event.

Parent/Guardian Consent

I give permission for.....to participate in the 2019 Friday Night Basketball Events.

Parent/Guardian Signature.....Date.....

Please contact 8683 0072 for more details.