

GATOR BASKETBALL YOUTH REGISTRATION FORM

Player Name: _____

School: _____ Grade (Fall): _____

Shirt Size: _____ Short Size: _____ Top 3 # Requests: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

2nd Emergency Contact Name: _____

2nd Emergency Contact Phone: _____

Insurance Company: _____

Policy Number: _____

I/we hereby authorize the Gator Basketball staff to act for parent/legal guardian according to their best judgment in any emergency requiring medical attention. In case of an emergency, the parent/legal guardian will be notified immediately. The parent/legal guardian further agrees to waive and release Jefferson County Schools and Gator Basketball for any injuries, losses or damage and from and all liabilities therein. I/we fully understand that the Jefferson County Schools and Gator Basketball do not provide any accident or health insurance coverage while participating in the basketball program. I fully understand that it is my/our responsibility to provide insurance coverage for my son.

Parent/Guardian Signature: _____ Date: _____

Please fill out this entry form and bring it to tryouts at:

Standley Lake HS
9300 W 104th Ave
Westminster, CO 80021