



**GRACE ARMS OF ANTIOCH
MIDNIGHT BASKETBALL LEAGUE
REGISTRATION APPLICATION
COMPLETE ONE FORM PER PLAYER**

Participant's Name _____ Birth Date _____

School Currently Attending _____ Grade _____

Skill Level (Circle one): STREET MIDDLE SCHOOL HIGH SCHOOL CITY LEAGUE

Home Address _____ City _____ Zip Code _____

Participant's Home Phone # _____ Participant's Cell Phone # _____

Participant's E-Mail _____

Currently Working Yes/No If yes where: _____

If No, would you like a job? Yes/No Criminal Record Yes/No Are you on Probation: Yes/No

Do you have any children Yes/No If yes, how many _____ age(s) _____

Emergency Information

Mother's Name _____ Email: _____

Home # _____ Cell/Alternate # _____

Father's Name _____ Email: _____

Home # _____ Cell/Alternate # _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Relationship _____

Home# _____ Cell#/Alternate # _____

HEALTH CONCERNS (Please identify any allergies (to include foods), health problems, **medications**, or other health concerns): _____

Family Physician: _____ Phone # _____

Dental Provider: _____ Phone# _____

Medical/Hospital Insurance Company _____ Grp# _____

Policy Holder's Name _____ Policy # _____

Additional Information that May Be Helpful: _____

This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.

LIABILITY WAIVER

DISCLAIMER: Grace Arms of Antioch Midnight Basketball coaches, leaders, directors, officers, employees, contractors, agents, volunteers, members, and representatives (collectively referred to as "AMB"), are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events or activities during AMB practices or games.

RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF AMB allowing me or my child to participate in the activities, I agree on behalf of myself and/or my child:

1. TO ASSUME and ACCEPT ALL RISKS arising out of, associated with, or related to my or my child's participation in the Activities.
2. TO WAIVE and RELEASE AMB from all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. TO INDEMNIFY and HOLD HARMLESS AMB from all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. TO INDEMNIFY and HOLD HARMLESS AMB from all claims, demands, actions and costs for any loss, injury, damage, or expense whatsoever that might arise out of my or my child's participation in the Activities.

PARTICIPATION CONSENT

Acknowledgment of Participant: I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of AMB, and to obey requests to comply with safety regulations as directed by the persons in charge of AMB. I will not endanger the safety of others or myself at any activities, outings, or sports events of AMB or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as AMB deems necessary.

Acknowledgment of Parent or Guardian of Participant: We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement with AMB, including travel to and from the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY if emergency or other medical treatment not available at the event site is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of AMB.

ACKNOWLEDGEMENT and SIGNATURE: I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors, and assigns. I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT and I ACKNOWLEDGE THAT by signing this agreement voluntarily, I am agreeing to abide by its terms, and I am waiving certain legal rights that I or my child may have.

Signature of Participant

Signature of Parent or Guardian

Printed Name

Printed Name

Date: _____

Date: _____

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