



Elite League Basketball Player Registration Form

Player's Full Name:	Name Child Goes By:	
Player's Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Name of School Player Currently Attends:	Current Grade Level:	

Parents/Guardian's Names, Contact Numbers, and Child's COMPLETE Physical Address:

Mother's Name: _____

Father's Name: _____

Street: _____

City, State & Zip: _____

Mother's Phone: _____ Father's Phone: _____

Mother's Email: _____ Father's Email: _____

Emergency Contact (Other than Parents): _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Please list any medical conditions we may need to be aware of:

Registration Verification: All players must have a birth certificate on file with the HCPL prior to the first game of the season.

WAIVER OF LIABILITY

I THE UNDERSIGNED, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM THIS ACTIVITY, AND DO HEREBY, FOR MYSELF, MY CHILD, MY HEIRS, EXECUTORS, AND ADMINISTRATORS, WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS HALL COUNTY GOVERNMENT, HALL COUNTY PARKS & LEISURE SERVICES DEPARTMENT AND THEIR REPRESENTATIVES, SPONSORS, AFFILIATED ASSOCIATIONS, ORGANIZERS, OFFICERS, OFFICIALS, AND PARTICIPANTS FOR ANY AND ALL DAMAGES SUFFERED BY MYSELF, MY FAMILY OR MY CHILD IN CONNECTION WITH THIS ACTIVITY. I ALSO AGREE THAT ANY PICTURES TAKEN DURING THIS ACTIVITY/EVENT MAY BE USED FOR FUTURE PROMOTIONS OR ADVERTISEMENTS FOR HALL COUNTY PARKS & LEISURE.

SIGNED: _____ DATE: _____