



LAKER BASKETBALL PLAYER REGISTRATION FORM

First Name: _____ Last Name _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ (Month/Day/Year) Grade: _____

E-mail Address: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number _____

Shirt Size _____ Short Size _____

The cost per player is \$450:

Please make check payable to: **SR Marketing**

EMERGENCY RELEASE: I grant permission to Laker Basketball to utilize any medical emergency services it deems necessary to treat any injury that my child may incur. **WAIVER:** I affirm that my player is not under any physician's care that bears upon my minor child's participation in the above.

Parent's Signature: _____ Date: _____

Player's Signature: _____ Date: _____