

**Huntington Beach Waves Basketball Club
(HBWBC)**

Registration / Consent Form

Date: _____

Player Last Name: _____ Player First Name: _____

Date of Birth: _____ Grade: _____ Jersey# _____ Shirt Size: (Women's) S M L XL Short Size: (Women's) S M L XL

Player Address: _____ City: _____ Zip: _____

Father's Last Name: _____ Father's First Name: _____ Number: () _____

Father's Email: _____

Mother's Last Name: _____ Mother's First Name: _____ Number: () _____

Mother's Email: _____

Emergency Contact Name: _____ Relationship: _____ Number: () _____

HBWBC places the highest priority on safety and sportsmanship. Does your child have any medical conditions that prohibit him from participating in such basketball activities? YES NO Known Allergies YES NO

If YES, to any of the above, please explain:

We the undersigned, legal parents or legal guardians of _____ verify that the minor player participant above is in good health and able to participate in this event. In addition, the age and grade listed above is correct. We recognize that all sports have some risk of injury and hereby release HBWBC, HBUHSD, host sites, and all officers and coaches affiliated with these organizations from any and all liability claims for injury, illness and loss sustained by the participant while playing, practicing, traveling to and from incurred during this event. We (as participants and guardians) listed above in this form assume all risks and absolve, indemnify and hold harmless of any and all liability or damage, injury, or expense of any kind arising out of or concerned with this event.

I also confirm that the information on this form is true and correct and that no participant under my custody is eligible to participate without my written consent and signature as the legal parent and/or guardian.

Parent / Guardian Name: _____

Signature: _____

Type of Insurance: _____

Group Number: _____

Doctor's Name: _____

Doctor's Phone: _____