



Player Registration Form

Mail to : Total Release Basketball Club, PO BOX 51383, Eugene, OR 97405

DISCOUNT PRICE FOR ALL REGISTRATIONS COMPLETED & PAID FOR ONLINE AT www.totalreleasebasketball.org

I am registering for (circle one):

Fall Ball Winter Ball Spring Ball Clinic Elite Team

If a clinic, please write name & date of clinic: _____

Cost & Payment: \$_____ I am paying by (circle one): check cash credit/online Scholarship*

**Scholarships are available but need to be approved by and communicated with your Area Youth Director.*

High School Area Registering for: _____

School Attend: _____ Grade: _____

Player Name: _____ Date of Birth: _____

Mailing Address: _____

Parent(s) Names: _____

Parent Home Phone: _____ Work: _____

Parent #1 Cell: _____ Parent #2 Cell: _____

Email #1: _____ Email #2: _____

Emergency Contact Name: _____

Who do you want us to call if parents can't be reached in emergency situations

Emergency Contact Phone number(s): _____

I, _____, the parent/guardian of _____ agree to
(your name) (child's name)
the disclaimer statement (on back on) behalf of my child.
x _____
(Parent/Guardian Signature) (Date)

Disclaimer- Please acknowledge that you agree to the following statement by signing.

I am the parent/legal guardian of the enrolled student-athlete. I am aware that trying out, practicing, or any other form of participation in any sport or athletic activity can be dangerous and that participation involves MANY RISKS OF INJURY. I understand that the dangers and risks of engaging in athletics include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of the body, health and well-being. I also understand that the dangers and risks of engaging in athletics may result not only in serious injury, but also in a serious impairment of my child/ward to earn a living, and to engage in business, social and recreational activities and generally enjoy life. Because of the risks described above, I recognize the importance of my child/ward listening to and following all the coach's instructions and warnings regarding techniques, training methods, rules of the sport and other team rules. I also recognize the importance of my child/ward reading and adhering to all written instructions and written warnings regarding training methods, rules of the sport and other team rules. I therefore expressly agree to direct and to encourage my child/ward to obey all of the coach's instructions and warning. In consideration of Total Release Basketball Club permitting my child/ward to try out, practice, or in any other way participate in athletics, and to engage in all activities related to participation, including practicing, conditioning, and traveling, I HEREBY ACKNOWLEDGE THAT MY CHILD/WARD ASSUMES ALL RISKS AND HAZARDS ASSOCIATED WITH SUCH PARTICIPATION, I EXPRESSLY CONSENT TO SUCH PARTICIPATION BY MY CHILD/WARD AND I AGREE TO WAIVE ALL CLAIMS OF WHATEVER NATURE, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, my successors, and for all members of my family, and to release, exonerate, discharge and hold harmless Total Release Basketball, their trustees, officers, agents, servants, employees, their athletic staffs, all coaches, assistant coaches, athletic trainers, physicians and other practitioners of the healing arts treating me, from any and all liability, claims, causes of action or demands arising out of any injuries to my child/ward or to his or her property, or losses of any kind and nature whatsoever, which may result from or occur in connection with his or her participation in Total Release Basketball. I specifically acknowledge that certain sports are more high risk and may contain VIOLENT CONTACT involving even greater risks of injury than other sports and I UNDERSTAND THAT MY CHILD/ WARD ASSUMES THOSE RISKS AND I VOLUNTARILY CONSENT TO SUCH PARTICIPATION BY MY CHILD/WARD. I do hereby request, authorize, and consent to accepting emergency care / treatment or first aid for my child as may be needed by any available physician or licensed health care practitioner, any medical treatment facility/hospital, coach, parent, or "good Samaritan" and do hereby agree to indemnify and save harmless these individuals, and Total Release Basketball from any claim by any person whatsoever on account of such care and treatment for my child . I understand that Total Release Basketball may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for Total Release Basketball to use photographs or videotape of me (or my child) for the purpose of promoting the basketball club and its services/ programs.

INSURANCE IS AVAILABE THRU AAU

It can serve as a secondary sports accident insurance in the event you are injured while participating. If you don't have insurance, it can serve as your primary.

For only \$18

Check it out at www.aausports.org

Register under Total Release Basketball club's code: **XTF8T8**