

# **ROCKLIN BASKETBALL CLUB**

## **SPRING REGISTRATION FORM**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

DAD'S CELL PHONE \_\_\_\_\_ MOM'S CELL PHONE \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_ PARENTS NAMES \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

HOME E-MAIL ADDRESS \_\_\_\_\_

ADDITIONAL E-MAIL ADDRESS \_\_\_\_\_

ADDITIONAL E-MAIL ADDRESS \_\_\_\_\_

**\*\* Please bring the registration form to try-outs. DO NOT mail it in. \*\***

I hereby authorize the coaches of the Rocklin Basketball Club to act for me according to their best judgment in any emergency requiring medical attention. I release the Rocklin Basketball Club personnel and Rocklin Unified School District from any and all liability for any injuries and illnesses incurred while participating in a Rocklin Basketball Club activity. I have insurance covering my child in case of an injury.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_