



**Kingston Impact Competitive
Player Registration Form
2016-2017**

Player Information

First Name: _____	Last Name: _____
Birth Date: _____ (MM/DD/YYYY)	Gender: _____ Male or Female (please circle one)
Address: _____	City: _____
Postal Code: _____	Phone: _____
School _____	Email: _____ (parent/guardian)

Parent/Emergency Information

First Name: _____	Last Name: _____
Primary Telephone: _____	Secondary Telephone: _____
Alt. Emergency Contact Name: _____	Alt. Emergency Contact Phone: _____

Player Medical Information

If your child has any medical issues, please list them here.

Kingston Impact Competitive Waiver

I am the parent or guardian of the above named player and hereby authorize the personnel of the Kingston Impact Basketball Club to act for me according to their best judgment in any emergency requiring medical attention. I am also aware of the risks and hazards of playing basketball which could include serious or permanent injury.

I hereby waive and release the club, its affiliates, all sponsoring and assisting employees and agents from any and all liability for any injuries incurred while attending the program.

Printed Name of Parent/Guardian

Parent Signature

Date