



**Kingston Impact City League
Player Registration Form
2011**

Player Information

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

Parent/Emergency Contact Information

First Name:	_____	Last Name:	_____
Primary	_____	Secondary	_____
Telephone:	_____	Telephone:	_____

Kingston Impact City League Waiver

I am a legal guardian or custodial parent of the child below and I hereby release the Kingston Impact Basketball Club and all agents of the Kingston Impact Basketball Club from any liability for any loss, damage, injury or expense (collectively "Loss") that the player named above may suffer from participating in the Kingston Impact City League.

Signed By:	_____	Date:	_____
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