Registration
Emergency Release / Treatment Consent

Future Warriors Basketball

Date Year: _____/ _____/ _____

Dear Parents:

The information requested on this sheet is for the purpose of assisting the Future Warriors Basketball Coaches in providing emergency care for your child should such care become necessary and you, the legal parent or guardian, are not present or cannot be reached immediately.

Players Name: _____ Age:_____
First MI Last

DOB: _____/ _____/ _____ Grade Presently Attending: _____

School Currently Attending : _____

Parent / Legal Guardian Names: _____
First MI Last

Home Phone : _(_____) _____ Cell Phone : _(_____) _____

E-Mail Address _____@_____ . _____

Emergency contact if parents cannot be reached:

Contact Name: _____ Related: Y N
First MI Last

Home Phone : _(_____) _____ Cell Phone : _(_____) _____

If my child should be injured or become ill while participating in a Future Warriors Basketball event and would require emergency medical attention and I am not present or cannot be immediately reached, a Future Warriors Basketball Coach may contact my child's physician, and or seek medical care at the nearest hospital or health care clinic.

Family Physician: _____ Phone : _(____)_____

Hospital Preference: _____

_____ _____/_____/_____
Parent / Guardian Signature *Date Signed*

$125.00 registration fee will be due when team selection is completed.

Future Warriors is a Select Traveling Basketball program. Not all players registering will be selected to a team.