



# the Calvary Basketball League

## fall/winter 2011-2012 REGISTRATION FORM

\_\_\_\_\_  
First and Last Name

Male    Female

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Relationship

Division: 4-5   6-7   8-9   10-11   12-13

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone

Does your child have any disabilities, injuries, allergies, health limitations, etc?  
If yes, please explain:

\_\_\_\_\_  
I, the undersigned parent or legal guardian, declare that my child has medical insurance.

\_\_\_\_\_  
Insurance Company/Program

\_\_\_\_\_  
Policy Number

### Waiver of Liability & Disclaimer

I, the undersigned parent or legal guardian of the athlete registering, acknowledge that participation in athletic events necessarily involves risk of injury. I further acknowledge that this basketball league is primarily administrated by parents who volunteer their time. In consideration for acceptance of the registration of the named individual participant and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Calvary Church of Los Gatos, its employees, volunteers and other representatvies from any claims arising out of or relating to any physical injury that may result to said individual while participating in this league, including physical injury that may arise during practices or games. I acknowledge that I have read the above information and understand its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date