



Rockford Heat Basketball Registration:

Date: _____

Players Name: _____ Circle one: Male Female T-Shirt Size _____

Birth Date: _____ Current Grade: _____ Current School: _____

Address: _____

Mother's Name: _____ Phone # _____ Email: _____

Father's Name: _____ Phone # _____ Email: _____

I hereby waive, release and indemnify Rockford Heat Basketball Club, Rockford Heat Inc., any person affiliated with Rockford Heat Basketball Club/Rockford Heat Inc., Joe Buckets Basketball, Rockford Lutheran High School, Keith School, Christian Life School, Rockford Park District, and/or any other facilities that we may practice or play games of all legal responsibilities in the event of injury to my child. I know of no mental or physical problems, which might affect my child's ability to safely participate in this activity. The undersigned will be responsible for any medical charges in connection with his/her attendance of the tryout/practice/game, before, during or while leaving any program.

Please list any health or medical problems of registrant.

Parent Signature: _____ (Parent must sign to participate)