LOS CAB BASKETBALL LEAGUE, ACADEMY, & PRIVATE OR SMALL GROUP TRAINING REGISTRATION

(Please Print Neatly & Fill Out ALL Questions!! BRING THIS FORM TO EVALUATIONS!!)

Athlete's Name:_____Age:___Gender: ___ Birthdate: _____

Current Grade :_____ **How did you hear about us**:_____

Parent's Name:_____ E-Mail:_____(very important)

HM. Phone:_____ Cell Phone: _____ Bus. Phone: _____

Address: _____

City:_____Zip:_____

Emergency Contact:_____ Phone(s):_____

Medical Condition we should be aware of:_____Medical Insurance:_____

Policy Number:_____Group Number:_____ Phone Number:_____

DO YOU WANT TO COACH?? Please put your name down here: _____

We need volunteer coaches. Please sign up if interested.

Checks made payable to: ***Beeuwsaert Basketball.***

Please mail check and registration form(s) to:

Beeuwsaert Basketball 26282 Via Corrizo, San Juan Capistrano, CA 92675

NO REFUNDS AFTER MAY 7th and no accommodations for players except siblings and co-coach's child.

If you have any questions please call Coach Beez at 949-547-5944
or email your questions to basketballwithcoachbeez@cox.net.

Please read and sign the

AUTHORIZATION FOR AGENT
TO CONSENT TO MEDICAL TREATMENT OF A MINOR and **ACKNOWLEDGMENT OF RISKS**
RELEASE AND INDEMNIFICATION AGREEMENT

Without a parent/guardian signature the athlete will not be able to participate
in Los Cab League, Academy, & Private or Small Group Trainings.

AUTHORIZATION FOR AGENT
TO CONSENT TO MEDICAL TREATMENT OF A MINOR

In the event of any emergency in which my child requires medical care, I authorize the staff of **Los Cab Basketball League, Academy, & Private or Small Group Trainings** to act for me and to obtain for my child whatever medical treatment the staff in its best judgment deems necessary and appropriate. I specifically consent to any X-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care of _____ (name of Child) deemed advisable by a licensed physician and surgeon and provided by that physician or under that physician's supervisions, regardless of where the treatment is provided. I will be responsible for any medical or other charges in connection with my child's attendance at the **Los Cab Basketball League, Academy, & Private or Small Group Trainings.**

ACKNOWLEDGMENT OF RISKS
RELEASE AND INDEMNIFICATION AGREEMENT

I acknowledge that at the **Los Cab Basketball League, Academy, & Private or Small Group Trainings** my child will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including contact with a hard surface and that at the **Los Cab Basketball League, Academy, & Private or Small Group Trainings**, my child may incur a serious injury. In consideration of my child being permitted to participate in the **Los Cab Basketball League, Academy, & Private or Small Group Trainings** and to use the program's facilities and equipment, I agree to accept all risk to my child's health and of my child's injury or death that may result from such participation and I release Los Caballeros, the **Los Cab Basketball League, Academy, & Private or Small Group Trainings**, its coaches, governing board, members, officers, agents, employees, volunteers, and representatives from any and all liability to my child.

Parent/Legal Guardian _____ Date:_____