



BASKETBULL

2012 Best of New England Showcase Series

Name: _____ Parents Name: _____

Phone: _____ Email: _____ Age: _____ DOB: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Height: _____ Position: _____ Jersey Size: XS S M L XL

GPA/SAT Scores _____ Comments _____

WAIVER OF LIABILITY and CONSENT TO EMERGENCY TREATMENT: I, parent or guardian of the above named individual, hereby give permission for my child to participate in all activities involved with this program, and hereby release BasketBull, the facilities, BasketBull staff, and proprietors from any liability or responsibility from any injury or illness or loss, damage to, or theft of property that may occur during participation in this program or while on the premises. In addition, I am aware of the inherent risks involved with the physical nature of this program, and hereby attest that my child has been deemed by a physician to be in suitable physical and medical condition for participation in rigorous physical activity. Further, if I am unable to be reached in the event that my child should require emergency medical treatment or care, I authorize the BasketBull staff and or a representatives to seek appropriate medical treatment or care for my child on my behalf.

PRINTED NAME OF PARENT OR GUARDIAN

SIGNATURE OF PARENT OR GUARDIAN

DATE

PAYMENT METHOD: CASH CHECK CREDIT CARD Card No. _____

Made payable: BasketBull, LLC

Fee: \$100 Team (3 or more): \$85 Expiration: _____ Security Code: _____

Refunds will be granted if prior to 7 days before league begins. All other refunds will be granted on a case by case basis.

Internal Use ONLY

Team: _____ Division: _____ Coach: _____

Comments: _____

Return Registration to:

BasketBull, LLC
1000 West Columbus Ave
Springfield, Ma. 01103