

Community Outreach Basketball League (COBall)
 Player Registration Form 2010

PLEASE PRINT LEGIBLY

****Player's Information****		Return Player _____	New to League _____
First Name:	Last Name:	Middle Initial:	
Street Address:	City:	Zip Code:	
Telephone:	Cell:	Gender: M ___ F ___	Date of Birth:
School Name:	Grade:	E-Mail:	
*****Mother's Information*****			
Mother's Name:	Work Phone:		
Home Phone:	*****Father's Information*****		
Father's Name:	Work Phone:		
Home Phone:	Work Phone:		

HAVE ALL REGISTRATION FORMS AND MONEY TO THE DESIGNATED REPRESENTATIVE (S) FROM YOUR CHURCH. YOUR CHURCH REPRESENTATIVE IS RESPONSIBLE FOR DELIVERING THE REGISTRATION FORMS AND MONEY TO THE LEAGUE REPRESENTATIVES.
LEAGUE FEE \$400.00 PER TEAM. NO PERSONAL CHECKS WILL BE ACCEPTED

*****NO REFUNDS WILL BE GIVEN AFTER December 5th***
MUST BE COMPLETED**

*****INSURANCE DATA*****	
Insurance Company:	Policy #
Insured Name:	Signature:

I, the parent of the above named child, do hereby give my consent to their participation in all activities of the **COMMUNITY OUTREACH BASKETBALL LEAGUE**. In case of any illness or injury to my child resulting from this activity, I hereby waive all claims against the organization, sponsors or supervisors & hereby release & absolve the **COMMUNITY OUTREACH BASKETBALL LEAGUE, SARDIS BAPTIST CHURCH AND BETHEL BAPTIST CHURCH OR ANY OTHER FACILITY WHERE GAMES ARE HELD**. I understand that I am responsible for my child's medical bills if injury occurs. I give my consent for medical treatment by the nearest hospital, doctor, or medical facility.

With my signature, I certify that my child will not play on any **High School Varsity or College** basketball team during the **COMMUNITY OUTREACH BASKETBALL LEAGUE** season. I understand that if my child is found to be playing on any **High School Varsity/College** basketball team he/she will be dismissed from **COMMUNITY OUTREACH BASKETBALL LEAGUE** and no fees will be refunded.

Parent/Guardian _____ Date _____

TEAM AND CHURCH AFFILIATION _____ AGE BRACKET _____
 COACH(ES) NAME AND PHONE _____
 ASST COACH or Team Parent's Name and Phone _____