

**Elgin Cares**  
**September 24, 2022**  
**Basketball Registration Form**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Hospital in case of emergency: \_\_\_\_\_

Special Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Waiver**

I, \_\_\_\_\_, the parent/guardian of the registrant, a minor, do agree and will abide by all the rules of the Elgin Cares. I recognize the possibility of physical injury associated with participating in Elgin Cares sponsored activities, and in consideration for the Elgin Cares providing these activities, do release the Elgin Cares and its staff members from all liability for any injuries sustained while on Elgin Cares property and/or participating in Elgin Cares activities.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_