



P.O. Box 62
Capshaw, AL 35742
(256) 325-PLAY

REGISTRATION FORM

Child's Name: _____

Nickname: _____ Social Security Number: _____

Date of Birth: _____ Male Female

Home Address: _____ City/State/Zip: _____

Telephone: _____

School's Name: _____ Grade: _____

Parent/Guardian's Name: _____ Relationship to child: _____

Home telephone: _____ Cell phone: _____

Home address (if different from child's): _____

Employer: _____ Work telephone: _____

Email: _____

Work address: _____

Other Parent/Guardian's Name: _____ Relationship to child: _____

Home telephone: _____ Cell phone: _____

Home address (if different from child's): _____

Email: _____

Employer: _____ Work telephone: _____

Work address: _____

Parent/Guardian's Signature: _____ Date: _____



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RELEASE OF CHILD AND EMERGENCY MEDICAL TREATMENT

Child's Name: _____

Parent/Guardian's Name: _____ Home telephone: (____) _____

Home telephone: _____ Cell phone: (____) _____

EMERGENCY MEDICAL TREATMENT: In the event that my child has an accident, injury or illness requiring immediate medical, dental, or surgical care, I further authorize the PLAY SMARTT staff to act on my behalf, provided that they first make such diligent effort as the nature of the emergency permits to notify me of the situation and obtain my preferences. If I am unavailable, I hereby authorize:

Name (other than parent/guardian)	Relationship to Child	Daytime telephone
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to act on my behalf. If such efforts to contact me or my representative designated above are unsuccessful, I authorize the PLAY SMARTT staff to call 911 for the transport of my child by ambulance to the nearest hospital and to secure for my child any necessary medical treatment. I also agree that I will be fully responsible for any expenses arising from injury that require medical attention.

EMERGENCY INFORMATION:

Name on insurance card: _____

Medical insurance carrier: _____ ID/Membership/Group# _____

Insurer's telephone number: _____

Child's Doctor/Clinic: _____ Phone: _____

Doctor's Address: _____

Dentist: _____ Phone: _____

Allergies or special medical needs: _____

I understand that all registration forms for my child, including the medical forms, must be completed before my child participates in the PLAY SMARTT Basketball Clinic and kept current at all times. I understand that all medical information must be updated as soon as any changes take place. I also will notify the clinic of any changes in my child's health or family situation that would affect the registration form.

Parent/Guardian's Signature: _____ Date: _____



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REGISTRATION AGREEMENT

I, _____, parent/guardian of _____
hereby register my child to participate in the PLAY SMARTT Basketball Clinic. I acknowledge and agree to the following:

1. I understand that all registration forms for my child, including the medical forms, must be completed before my child participates in the PLAY SMARTT Basketball Clinic and kept current at all times. I understand that all medical information must be updated as soon as any changes take place. I also will notify the clinic of any changes in my child's health or family situation that would affect the registration form.
2. I will abide by all rules and policies for use of the facilities where the clinic will take place.
3. I agree that I will not intentionally damage or remove any equipment from the facilities where the clinic is held and if the PLAY SMARTT staff has determined that I have done so, I will be held responsible for replacement of that equipment immediately.
4. I understand that my failure to abide by any of the foregoing my result in denial of the privilege to participate in the PLAY SMARTT Basketball Clinic.
5. I understand that travel to and from the clinic is my responsibility. In case of inclement weather, I must use my own good judgment whether or not to attend the clinic if I have not been contacted by PLAY SMARTT.
6. My son/daughter is in good physical condition and I understand that he/she will participate in rigorous activity and play. The Clinic will safeguard the health of the athlete but will not be responsible for accidents or sickness. I also will not bring my child to the Clinic if he/she knowingly has a contagious illness/disease. I hereby request that my child be admitted to PLAY SMARTT Basketball Clinic and I authorize the directors to act for me in any emergency requiring medical attention if I am unable to be contacted. I agree to assume responsibility for payment of such attention.

Parent/Guardian's Signature: _____ Date: _____

Child's Signature: _____ Date: _____



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PARENTAL CONSENT AND RELEASE

Parental Consent for First Aid

I understand that all staff at the PLAY SMARTT clinic are trained in the basics of first aid and I authorize them to give my child(ren) first aid when appropriate.

Parent/Guardian's Signature: _____ Date: _____

Parental Consent to Leave Premises

I give permission for my child(ren) to leave the premises of the PLAY SMARTT clinic only with those individuals named as contacts for pick-up or in the event of an emergency. If someone is NOT listed as a pick-up or as an emergency contact, then I will give written or verbal instruction to the staff of PLAY SMARTT prior to my child leaving the premises with someone else.

Release of Child: It is REQUIRED that you provide the name of at least one non-parental person to whom your child can be released in the space designated below. In the event that you cannot be reached, one of the persons designated below will be contacted. If we are unable to reach any of the contact people provided, we are required to notify local authorities.

Non-Parent to whom the Parent/Guardian authorizes the clinic's staff to release the above named child for pick-up and emergency purpose:

1. Name	_____	Relationship to Child	_____
Work Phone	_____	Home Phone	_____
2. Name:	_____	Relationship to Child:	_____
Work Phone	_____	Work Phone:	_____

Release

I hereby release the PLAY SMARTT clinic (including its directors, staff, employees and agents) from any claim for liability, damage or loss arising from my child's registration, use and/or participation in the facilities, programs and activities of the clinic other than to the extent caused by negligence or intentional harm arising from my child's use of the clinic's programs, facilities, equipment and activities.

Parent/Guardian's Signature: _____ Date: _____