Community Outreach Basketball League (COBall) Player Registration Form 2017

Games start 1/7/17 (SAT) & 1/6/17 (FRI)

Registration & Fees DUE 12/1/16

PLEASE PRINT LEGIBLY

ASS'T COACH or Team Parent's Name and Phone_

****Playe	er'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 1	Information******	1
Mother's Name:			
Home Phone:		Work Phone:	
	******Father's I	nformation******	
Father's Name:			
Home Phone:	Work Phon	e:	
NO REFUNDS WILL BE GIVEN AFTER December 1, 2016 MUST BE COMPLETED			
MUST BE COMPLETED			
	******INSURAN	NCE DATA******	
Insurance Company:		Policy #	
Insured Name:		Signature:	
resulting from this activity release & absolve the CO EDUCATION, SARDIS OTHER FACILITY WITH bills if injury occurs. I give With my signature team during the COMMUNITY OUTRIS Many middle and during the school's regular.	TREACH BASKETBALL LI y, I hereby waive all claims ago DMMUNITY OUTREACH B S BAPTIST CHURCH AND HERE GAMES ARE HELD we my consent for medical treate, I certify that my child will n UNITY OUTREACH BASK any High School Varsity/Con EACH BASKETBALL LEACE	EAGUE. In case of any illingainst the organization, sport ASKETBALL LEAGUE, MORE THAN CONQUE. I understand that I am rest. It to the play on any High School ETBALL LEAGUE season lege basketball team he/sl GUE and no fees will be reflected on the parent's restand that it is the parent's restand that it is the parent's restand that it is the parent's restand to the parent's restand that it is the parent's restand	nsors or supervisors & hereby, BIRMINGHAM BOARD OF RORS CHURCH OR ANY sponsible for my child's medical, doctor, or medical facility. I Varsity or College basketban. I understand that if my child he will be dismissed from funded. Articipate on a non-school team sponsibility to verify the
Parent/Guardian		Date	
TEAM AND CHURCH AF COACH(ES) NAME AND		AGI	E BRACKET