



**REGISTRATION FORM  
(Print Legibly)**

Age as of 7/01/2007: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*City State Zip Code*

Telephone Number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Uniform Size: \_\_\_\_\_

Prior Basketball Experience: \_\_\_\_\_

Position(s) Played: \_\_\_\_\_

If you are covered by accident and/or health insurance, provide the name of the company and policy number: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please read and sign the Permission, Authorization, Waiver and Hold Harmless form.

Please enclose a check for the \$75.00 non-refundable registration fee made payable to: **BGBC**. Mail check, registration form, and waiver form to:

BGBC  
505 N. Pinecrest Rd  
Bolingbrook, IL 60440  
(630) 972-4250

*Official Use Only: Fee Paid (Date)* \_\_\_\_\_ *Check No:* \_\_\_\_\_

## Permission, Medical Authorization, Waiver, and Hold Harmless

### I. Permission.

The undersigned parent/guardian hereby grants permission for the undersigned athlete to participation in any/all try-outs, practices, games, tournaments, and other activities of the Bolingbrook Girls Basketball Club. Participation includes, but not limited to, being transported to and from try-outs, practices, games, tournaments, and activities by volunteer drivers, participation in all phases of try-outs, practices, games, and tournaments, and participation, in all other activities of the Bolingbrook Girls Basketball Club, whether athletic, fundraising, or social in nature.

### II. Medical Authorization.

The undersigned athlete and/or parent/guardian acknowledge that the activities of the Bolingbrook Girls Basketball Club involves transportation, athletic practice, and athletic competition, and other activities which may result in physical injury. in the event of injury requiring immediate medical care and/or treatment, every effort will be made to contact the athletes parent(s)/guardian(s). If the undersigned athlete requires immediate and/or medical treatment (including, but not limited to, hospitalization, surgery, anesthesia, and/or blood transfusion) and if the undersigned parent/guardian cannot be reached to provide permission for such care, the undersigned parent/guardian hereby authorizes any Bolingbrook Girls Basketball Club administrative staff member, coach, or volunteer, to act as guardian for the injured athlete for the purpose of granting permission to administer the immediate and/or emergency treatment. This authorization is specifically limited to any injuries arising out of the activities of the Bolingbrook Girls Basketball Club. this authorization ends on 8/31/2008. The undersigned athlete and parent/guardian acknowledge that they are responsible for payment for any medical care provided under this authority.

### III. Waiver.

The undersigned athlete and/or parent/guardian does hereby waiver, release, and discharge the Bolingbrook Girls Basketball Club, its administrative staff members, coaches, and volunteers, assigns, and successors from any liability, claims, or causes of action arising out of the activities of the Bolingbrook Girls Basketball Club

### IV. Hold Harmless.

The undersigned athlete and/or parent/guardian hereby agree to hold harmless and indemnify the Bolingbrook Girls Basketball Club and its administrative staff members, coaches and volunteers, assigns, and successors for any actions or inactions of the athlete and her family during the activities of the Bolingbrook Girls Basketball Club which results in any claim, cause or action, or liability whatsoever.

Print Name of Athlete: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

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

List any known allergies & medicine taken by athlete \_\_\_\_\_