



Lanier Christian Athletes

Please print clearly

Player First/Last Name: _____

Date of Birth: ___/___/___ Primary Phone # _____

Mailing Address: _____

High School Attending: _____

Email Address: _____

Jersey Size (Circle One) : S M L XL

Shirt Size: S M L XL

Allergies/Medications/Restrictions: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Phone#: _____

Alternate /Emergency Phone# _____

AGREEMENT, WAIVER AND RELEASE FOR MINOR

The AAU Youth Basketball League provides children with the knowledge and skills to play basketball. The activity you will perform could include, but is not limited to, dribbling up and down a basketball court, passing and catching balls, blocking out people, and a variety of drills. Some hazards associated with this activity include, but not limited to, unintentional collisions, slipping on wet or dusty courts, jumping or diving for the balls, sprained fingers, wrist, knee or ankle, and other minor injuries to using game equipment. Initial: _____

I hereby give my consent that in the event said minor requires medical treatment while under the supervision of said department's personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment. Initial: _____

I hereby give consent to the said department to photograph said minor. I understand the pictures may be included in program scrapbooks, and/or in the promotion of City recreation programs in the newspaper, slide shows, or other media. Initial: _____

Parent/Guardian Signature

Date