

## Player Information

---

(Please complete all information requested. Include city and zip code.)

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Sex (M or F) \_\_\_\_\_ Height \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Organized Basketball Experience (years and where) \_\_\_\_\_

## Release Form

---

Please read and sign

I agree to release the Brainerd Basketball Association of all liability related to accidents or injuries, which might occur while practicing, playing, being transported or involved in activities supervised by coaches of the traveling basketball team that he/she is participating on. We also agree to indemnify and hold harmless the coaches, the Brainerd Basketball Association and its board members for any and all charges while participating with the traveling basketball team activities. I also give permission for emergency medical procedures to be administered if I cannot be contacted in the event of an emergency.

I also agree to volunteer (myself or adult family members) for two (2) four hour shifts per child in the travel program, including our Paul Bunyan tournament.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
HEALTH INSURANCE COMPANY

## Medical History

---

Please circle Yes or No for each of the following.

- |  |           |
|--|-----------|
| 1. Heart Disease   | Yes or No |
| 2. Epilepsy or Fainting Spells   | Yes or No |
| 3. Diabetes  | Yes or No |
| 4. Asthma-Wheezing, shortness of Breath  | Yes or No |
| 5. Bruising or Bleeding Easily   | Yes or No |
| 6. Are there any other medical or physical conditions that need to be disclosed for your son/daughters safety?<br>If yes to any of the above, a physician's written approval will be required to participate. Falsification of information will result in ineligibility of player. |           |
| 7. Allergic reactions  | Yes or No |
| Explain: _____   |           |

## Parent or Guardian Information

---

Please use a "✓" to indicate primary contact

Select a Primary Contact

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Home E-mail \_\_\_\_\_  
Work E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Home E-mail \_\_\_\_\_  
Work E-mail \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Home E-mail \_\_\_\_\_  
Work E-mail \_\_\_\_\_

Address of primary contact:  
(If different from player

\_\_\_\_\_ Street address City State Zip

## Coaching

---

If you have previous coaching experience or are interested in helping coach a travel team, please contact Jim Russell. A coaching application form (available from BBA) must be submitted. In the interest of providing a safe environment for players and coaches, and in accordance with BBA policy, background checks will be conducted on all coaches.

Please contact me about coaching: Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_