



PROGRAM: _____

PROGRAM START DATE: _____

STARS BASKETBALL REGISTRANT PARTICIPATION FORM

PARTICIPANT INFORMATION

FIRST NAME: _____

LAST NAME: _____

MEDICAL HISTORY: (Please list any illness, disability, or medical condition the instructor should be aware of)

Does the participant have any allergies that would require the use of an Epi-Pen? Y N

Do they know how to use it? Y N If no, please complete the following:

I, _____ (parent/guardian) give permission for Stars Sports Assn staff to give _____ (child's name)
the following medication _____ (medication name) if deemed necessary.

PARENT/GUARDIAN INFORMATION

FIRST NAME: _____

LAST NAME: _____

DAY PH#: _____

CELL PH#: _____

EMERGENCY NAME & PHONE NUMBER: _____

RELATION: _____

AUTHORIZATION OF RELEASE: I hereby authorize the following person(s) to pick up my child from this program

FIRST NAME: _____

LAST NAME: _____

RELATION: _____

FIRST NAME: _____

LAST NAME: _____

RELATION: _____

Please list any special instructions or any persons who are never to be authorized to pick up your child.

STARS SPORTS ASSOCIATION WAIVER AND RELEASE OF LIABILITY

In consideration of being permitted to participate in any way in this Stars Sports Association program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known, and unknown, even if arising from the negligence of Stars Sports Association, volunteers, agents and/or employees, other participants, and if applicable, owners or lessors of premises used to conduct this program and any related events and/or activities (the "Releasee(s)"), and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the releasee(s), with respect to any and all injury, disability, loss or damage to person or property, whether caused by the negligence of the releasee(s) or otherwise.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasee(s), and, for myself, my heirs, assigns and next of kin, I have read this waiver and release of liability. I fully understand its terms and agree to indemnify the Releasee(s) from any and all liabilities to my minor child's involvement or participation in the program as provided above.

Also, I hereby confirm that the above information is true and correct to the best of my knowledge.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____