

Cambridge Basketball Registration Form

Child's Name _____ Child's DOB _____ Grade _____

Parent's Name _____ Phone # _____

Address _____

Email address: _____

What is the best way to reach you? Phone email text

Parent's Name _____ Phone # _____

Address _____

Email address: _____

What is the best way to reach you? Phone email text

Does your child have any health concerns that the Cambridge Basketball Program should be aware of?

No Yes If yes, please explain _____

Consent and Release

Whereas, the undersigned parent/guardian/adult having custody of the above named minor child, being fully aware of the nature of the risk inherent hereby gives consent for the above named applicant to participate in the program offered by Cambridge Basketball Program and hereby releases the Cambridge Basketball Program, any of its elected or appointed officials, volunteers, coaches, sponsors, referees, and co-players from any and all liability for injuries, claims, demands, costs, loss of service, expenses, and/or damages which may be substantial by me or us or our minor child on account of his or her participation in said program or associated activities and events.

Signature _____ Date _____

Would you like your child to participate in try outs for the travel team?
(only applicable for those that are 3rd grade and up) Yes or No

Would you like to coach an Intramural Team? Yes No

Do you have any experience refereeing? If so, would you be available to help referee games? Yes No

Depending on the number of kids and parent volunteers that sign up for basketball this year we may or may not be able to run the intramural program. If there is no intramural program, would you be willing to pay \$10-15 to have your child play on a travel team?

Yes or No