



TOTAL BASKETBALL TRAINING PARTICIPANT ENROLLMENT FORM

Please complete ALL information. PRINT clearly. Only ONE child per form.

Last Name: _____	First Name: _____	MI: _____	
Street: _____	City: _____		
State: _____	Zip: _____		
Phone: (____) _____ - _____	Emergency Phone : (____) _____ - _____		
Emergency Contact Person: Name _____	Phone: (____) _____ - _____		
Date of Birth: ____/____/20 ____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other Gender Category _____
School: _____	School District: _____		

Health Care and Assumption of Responsibility

Medical Coverage Provider: _____ Policy #: _____

Primary Care Doctor: _____ Phone #: (____) _____ - _____

Does PARTICIPANT have any medical/health-related situations?

(Please describe any conditions or issues that we should be aware of, for example: seizures, diabetic condition, allergic to bee stings, allergies, *special needs child, *disabilities, *behavior issues, *food allergies, etc.) No Yes

If yes, please explain _____

Please list any medications student is taking (even if off them temporarily and why).

Medication: _____ Reason for Medication: _____

Medication: _____ Reason for Medication: _____

In signing this form, I understand that the information will be used only in case of a medical emergency and to disclose to TOTAL BASKETBALL TRAINING staff anything that may affect my child's health, participation in BASKETBALL PLAYING AND TRAINING-RELATED activities, or behavior while attending.

I understand that TOTAL BASKETBALL TRAINING does not carry any medical insurance for TOTAL BASKETBALL TRAINING program participants. In allowing my child to participate in this program, I recognize my responsibility, through appropriate insurance or otherwise, to cover all medically-related expenses if such circumstance should arise. I understand that in case of a medical emergency, TOTAL BASKETBALL TRAINING staff will contact me through one of the phone numbers previously given.

In the event that I (parent/guardian) or the other emergency contact cannot be reached at the numbers listed, I grant permission to TOTAL BASKETBALL TRAINING staff to arrange for transportation to a hospital and for medical services to be rendered. I understand and agree that not disclosing relevant information regarding any known behavior or health issues will be grounds for the child's immediate dismissal from the program without a refund.

Parent/Guardian Signature: _____ Date: _____

PRINT PARENT/GUARDIAN NAME: _____