



ICB League – Registration Form

THIS REGISTRATION IS FOR: (CIRCLE ONE) BASKETBALL - 1st & 2nd, 3rd & 4th, 5th & 6th or 7th & 8th

LAST NAME _____ FIRST _____

GRADE _____ SEX _____ AGE _____ (as of 12/31) DOB _____

HOME PHONE _____ Adult Shirt Size: XS S M L XL

Address _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Email address _____ Alternate Contact/Relationship _____

Physical Limitations _____

Allergies _____

Current Medications _____

Family Doctor _____ Phone _____

Has your child played basketball/cheerleading before? Yes _____ No _____

As a parent I can: Coach _____ Ref _____ Keep Books _____ Keep Clock _____

(Please remember – youth sports are only as good as the volunteers who help!)

I, the parent/guardian of the above named minor child, hereby give my approval for said child to participate in any and all basketball activities, including transportation to and from those activities. I acknowledge that participation in this basketball program may result in serious injury and I am aware and understand the risks associated in this activity. My child does not have any physical or medical restrictions that would be a danger to their participation in this activity. I waive, release, indemnify, and agree to hold harmless the ICBL, MBL, organizers, all other leagues, supervisors, sponsors, and others associated with this basketball program. Further, I grant permission to authorize medical care for the above named minor should it be required as a result of participating within this program. It is understood, and this permission is contingent upon that all-reasonable efforts are made to contact me in the event of a medical emergency. Failure in such efforts, however, should not prevent necessary emergency treatment from occurring from qualified personnel.

Parent/Guardian Signature _____ Date _____

Check # _____ Cash _____ Received by _____

Make checks payable to ICB:

1 player: \$30.00 2 players: \$45.00 3 or more children in the same family: \$60.00