



CENTRAL TEXAS STARZZ
 PO Box 1174
 Copperas Cove, Texas 76522

PLAYER REGISTRATION

Player's Last Name				Player's First Name		MI	
Address				City		State	Zip
Sex M / F	Age	Birthdate	Grade	School			
Home Phone		Cell Phone		Email			
Father's Last Name				Father First Name		MI	
Home Phone		Cell Phone		Email			
Address				City		State	Zip
Mother's Last Name				Mother's First Name		MI	
Home Phone		Cell Phone		Email			
Address				City		State	Zip
Emergency Contact Last Name			Emergency Contact First Name		Relationship		
Home Phone		Work Phone		Cell Phone			
Address			City		State	Zip	
Medical Treatment Facility			Name of Doctor		Phone Number		
Have health insurance? Yes No	Insurance Company			Policy Number			
Medical conditions to be aware of / medications:							

Please attach legible copies of the following documents. Documents will not be returned.

- Player's birth certificate
- Copy of last school report card

February 2018

PARENTAL CONSENT FORM

MEDICAL RELEASE: I, _____, the parent/guardian of _____, authorize my child be provided emergency medical treatment to include first aid and CPR by a qualified staff member. In addition, I authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed for my child by his/her regular physician (or when that physician cannot be reached, by a licensed physician or hospital) when deemed immediately necessary or advisable by the physician, to safeguard my child's health, when I cannot be reached. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I waive my right to consent to such treatment and /or transportation and agree to pay the cost of such emergency care and/or transportation. I release and agree to hold the Central Texas STARZZ, its agents, employees, officers, coaches, leaders, organizers, and sponsors harmless for any liability resulting from such emergency treatment and/or transportation.

Parent/Guardian _____ Date _____

PARENTAL AUTHORIZATION: I, _____, the parent/guardian of _____, give permission for my child to participate in any activities sponsored by the Central Texas STARZZ. In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Central Texas STARZZ, its agents, employees, officers, coaches, leaders, organizers, sponsors and persons transporting the athlete to and/or from activities. Neither, the Central Texas STARZZ, nor any of said persons, shall be financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. I, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance.

Parent/Guardian _____ Date _____

PARTICIPATION FEE: I, _____, the parent/guardian of _____, understands that \$_____ of the participation fee of is due at registration and the remaining balance is due _____. Should I decline to continue to participate with the Central Texas STARZZ program, I understand participation fees paid **will not** be refunded, and I will settle any unpaid fees which may have been incurred on our (family and participants) behalf. This participation fee, in no way, guarantees any set amount of playing time, as playing time is solely at the discretion of the coach.

Parent/Guardian _____ Date _____

RELEASE OF PICTURES: I, _____, the parent/guardian of _____, will ___ will not ___ allow photographs, pictures, any other likeness or voice of my child to appear or be heard in any official documentary, promotional (including any and all advertisements), television, radio or film coverage, or internet posting of the Central Texas STARZZ activities.

Parent/Guardian _____ Date _____

TEAM OWNED EQUIPMENT: I, _____, the parent/guardian of _____, understand certain items of club-owned equipment; specifically, basketball uniforms will be loaned to players. I understand these items and any other items belong to the Central Texas STARZZ and will be returned when requested. If I fail to return these items, I understand I will be held liable for replacement costs and the Central Texas STARZZ will use all means available to collect this debt.

Parent/Guardian _____ Date _____

February 2018