



RICHMOND RHYTHM BASKETBALL CLUB 2008 REGISTRATION FORM

PLAYERS INFORMATION

Athlete's Name:		
Date of Birth:	Age as of 9/1/2008:	Current Grade:
Address:		
City:	State:	Zip:
Current School Name:		City or County:

PARENT/ GUARDIAN CONTACT INFORMATION

Mother/ Guardian Name:		
Cell #	Home #	Work #
Email Address:		
Father Name:		
Cell #	Home#	Work #
Email Address:		

MEDICAL RELEASE FORM

In Case of Emergency Notify:	
Cell #	Phone #
Athletes Physician:	Phone:
Medical Insurance:	Policy#
<p style="text-align: center;">PAST MEDICAL HISTORY (CHECK ALL THAT APPLY)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asthma <input type="checkbox"/> Dizziness <input type="checkbox"/> Sinusitis <input type="checkbox"/> Heart Trouble <input type="checkbox"/> Bronchitis <input type="checkbox"/> Hay Fever <input type="checkbox"/> Diabetes 	<p style="text-align: center;">IMMUNIZATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tetanus <input type="checkbox"/> Polio Booster <input type="checkbox"/> Measles <input type="checkbox"/> Mumps

Allergies:
Current Medication:
Special Diet:
Previous Operations/ Illnesses:

My permission is granted to Richmond Rhythm directors in charge to obtain necessary medical attention in case of sickness or injury for:

 (Athlete's Name)

I / We, the parents/ guardian do hereby release, remiss and forever discharge Richmond Rhythm, its sponsors, directors, coaches, staff from any and all claims, demands, actions or cause of action past, present or future arising out of any damage or injury while participating with Richmond Rhythm Basketball Club.

Parent/ Guardian:	Athlete:
Date:	

ADMINISTRATIVE USE

Head Coach:	Asst. Coach:	
Asst. Coach:		
Division Age:	Exception:	
Items Attached →→	Birth Certificate:	Exception Form: