



# South Shore Basketball Academy Registration Form

\*Name: \_\_\_\_\_ \*Sex: M F \*Age: \_\_\_\_\_ \*Date of Birth (M/D/Y): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\*Grade Level (circle one): 7 8 9 10 11 12 / College FR SO JR SR

\*Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Country: \_\_\_\_\_ \*Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ \*School: \_\_\_\_\_ T-Shirt Size (adult): S M L XL XXL

\*Name of Parent or Guardian: \_\_\_\_\_ \*Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

\*Parents e-mail address: \_\_\_\_\_ \*Athlete's e-mail address: \_\_\_\_\_

Athlete's Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Type of Session desired: \_\_\_\_\_ Number of Sessions desired: \_\_\_\_\_ Amount \$: \_\_\_\_\_

How did you hear about South Shore Basketball Academy? \_\_\_\_\_

Please Tell us the areas you wish to approve on: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, the parent/guardian of the individual, a minor (the "athlete"), do hereby permit the Athlete to participate at a SSBA course or session and certify that the athlete's physical condition is sufficient for the full participation. I understand that the Athlete's participation involves an element of risk and a danger of accidents. I also understand that the Athlete's participation at SSBA may include activities involving athletes of different ages participating together, and on occasion those of the opposite gender. Knowing those risks, I hereby assume those risks and I hereby release and discharge South Shore Basketball Academy and Change the Game Basketball from any and all liability resulting from the Athlete's participation in any aspect of SSBA. I hereby assume responsibility for any and all cost associated with treatment of the Athlete for any injury or health issue that arises during the Athlete's Participation at South Shore Basketball Academy.

\*By signing your name and date in the fields below you agree to reading and understanding the policy in the above statement.

\_\_\_\_\_  
Parent / Guardian Signature (or Participant if over 18 years of age)

\_\_\_\_\_  
Date Signed

