

ROCKLIN BASKETBALL CLUB
REGISTRATION FORM

NAME _____ ADDRESS _____

CITY _____ ZIP CODE _____ HOME PHONE _____

DAD'S CELL PHONE _____ MOM'S CELL PHONE _____

DOB _____ AGE _____ HT _____ WT _____ CURRENT GRADE LEVEL _____

SCHOOL _____ PARENTS NAMES _____

INSURANCE COMPANY _____ POLICY # _____

HOME E-MAIL ADDRESS _____

ADDITIONAL E-MAIL ADDRESS _____

ADDITIONAL E-MAIL ADDRESS _____

**** Please bring the registration form to try-outs. DO NOT mail it in. ****

I hereby authorize the coaches of the Rocklin Basketball Club to act for me according to their best judgment in any emergency requiring medical attention. I release the Rocklin Basketball Club personnel and Rocklin Unified School District from any and all liability for any injuries and illnesses incurred while participating in a Rocklin Basketball Club activity. I have insurance covering my child in case of an injury.

Parent or Guardian Signature _____ Date _____