



**PLAYER INFO**

**First Name:**

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**Last Name:**

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**Birth Date:**

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**Grade:**

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**Medical Problems:**

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**PARENT/GUARDIAN INFO**

**First Name:**

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**Last Name:**

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**Email:**

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**Cell Phone:**

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**EMERGENCY CONTACT INFO**

**Emergency Contact:**

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**Phone:**

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**Relationship to Player:**

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**WAIVER INFORMATION**

By signing below I give permission for my child's participation in Beach Elite Club Basketball program practices, games, clinics and basketball conditioning sessions. I will assure all risks caused by injuries due to participation, including transportation to and from activities. Beach Elite Club Basketball will not be liable for injuries that my child might sustain during any of the previously mentioned activities. I grant permission to coaches/staff to consent to emergency treatment for my child until a legal guardian can be contacted.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_