



WIZARDS BASKETBALL

2014 - 2015 REGISTRATION FORM

September 13, 2014 - March 14, 2015



Child's Last Name: _____ Child's First Name: _____

Child's DOB: ____/____/____ Age on 9/1/2014: ____ School: _____

Check Current Grade Level: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th

Father's (Guardian's) Name: _____ Work/Cell Phone: _____

Mother's (Guardian's) Name: _____ Work/Cell Phone: _____

Address: _____ City: _____ State: _____

Father's E-mail Address: _____

Mother's E-mail Address: _____

Emergency Contact - Name: _____ Phone: _____
(other than parent/guardian)

Physician's Name: _____ Phone: _____

List of Allergies: _____

List of Medications: _____

Please mail the registration form to:

Wizards Basketball

510 West 151st Street, Apt 1
New York, NY 10031

I, the parent or guardian of the above named child, hereby consent his/her participation in the Wizards Basketball Program. I certify that he/she is in good health and is able to participate in all activities. In the case of an emergency affecting my child, I hereby give permission for a physician or hospital designated by the Wizards Basketball program to administer treatment to my child. I (am/am not) enclosing a note that explains any physical limitations and required medication. In consideration of Wizards Basketball accepting this registration and permitting the participation of my child, which I believe would be educational, physical and beneficial, I hereby release, discharge, indemnify and hold harmless Wizard Basketball, its officials, coaches, and representatives from any and all claims, actions, and liabilities arising out of or in connection with the child and /or parents or in its future brochures or website.

Parent or Guardian Signature: _____ Date: _____