



SANDPOINT FUTURE BASKETBALL

Athlete Registration Form Please print legibly.

Athlete

First Name: _____ Last Name: _____

Gender: Male Female Age: _____ DOB: _____ Grade: _____

Mailing Address: _____

Physical Address: _____

School Attending: _____

Does your child participate in additional extracurricular activities that may conflict with basketball practice during the week or restrictions that may prohibit weekend play? (i.e. boy or girl scouts, jujitsu, religious restrictions, etc.) If so, what days/times are you not able to make it? _____

If your child makes the team, are you able to commit to at least two tournaments that could be as close as Spokane or as far as Lewiston? Yes No

Does your child have experience playing competitive basketball? If so, how many years, with whom, what league? _____

Shirt Size? Youth S M L XL Adult S M L Shorts Size? Youth S M L XL Adult S M L

History of Chronic Illness? If yes, please share if applicable: _____

Allergies? If yes, what to? _____

Medication taken or other condition requiring assistance? Please explain. _____

Physician: _____ Phone: _____

Insurance Carrier Name: _____

Policy Holder Name: _____ Id Number: _____

The information provided on this form is current and accurate.

Signed _____ Date: _____
Parent/Guardian Signature

Parent/Guardian 1

First Name: _____ Last Name: _____

Mailing Address: _____

Best Phone Number: _____ Do you receive texts? Yes No

Email: _____

Parent/Guardian 2

First Name: _____ Last Name: _____

Mailing Address: _____

Best Phone Number: _____ Do you receive texts? Yes No

Email: _____

Emergency Contact 1

First Name: _____ Last Name: _____

Best Phone Number: _____ Relation: _____

Emergency Contact 2

First Name: _____ Last Name: _____

Best Phone Number: _____ Relation: _____

Media Release

Throughout the season, athletes may be highlighted to promote Sandpoint Future activities and achievements. For example, athletes may be featured through newspapers, radio, social media, the web, brochures, and other types of media.

I hereby give Sandpoint Future and its representatives, and authorized media organizations permission to print, photograph, and record my child for use in Sandpoint Future related electronic, digital and printed media.

Sandpoint Future nor its representatives will reproduce any media for commercial value or receive monetary gain for use of any reproduction. I am also aware that I will not receive monetary compensation for my child's participation.

I release Sandpoint Future, its Board and volunteers, from any liabilities known or unknown arising out of the use of this material.

I Do AGREE to have my child highlighted in the above requests. I fully understand the terms and conditions.

I DO NOT AGREE to have my child featured in any of the above requests.

The information provided on this form is current and accurate.

Parent/Guardian PRINT NAME

Date: _____

Parent/Guardian Signature