

URBAN SPORTS

PLAYER INFORMATION

_____	_____	_____	_____	_____	_____
Player Name	DOB	Age	School	Grade	M / F
_____			_____	_____	
Address			Home Phone	Cell Phone	

PARENT INFORMATION

_____	_____	_____	_____
Mom Name	Day Number	Cell Number	Email address
_____	_____	_____	_____
Dad Name	Day Number	Cell Number	Email address
_____	_____	_____	_____
Guardian Name	Day Number	Cell Number	Email address

MEDICAL INFORMATION

_____	_____	_____
Emergency Contact Name	Day Number	Cell Number
_____	_____	_____
Doctor Name	Doctor Number	Group Number / ID Number
_____	_____	
Name of Insured	Membership Number	

ATHLETIC MINOR WAIVER AND RELEASE LIABILITY

Participant and Parents or Legal Guardian represents to Urban Sports that Participant is in physically sound condition and has no disability, illness or other condition preventing Participant from engaging or otherwise participating in sports such as but not limited to basketball, baseball and football and or other physically challenging activities. Participant understands and acknowledges that participation in these sports or physical activities involves or otherwise includes risk of injury, including but not limited to knee and ankle injury, muscle strain and pulls, shin splint and over exertion. Participant fully understands, accepts and assumes any and all risks involved or in connection with the participation in these sports and activities. Participant promises and agrees that neither Urban Sports nor any agent, employee, or person associated with Urban Sports or any of its affiliates shall be held liable or responsible for any claims, damages, or losses arising out of or in connection with participants use of or presence at Urban Sports premises. Participant further promises and agrees to indemnify and to hold Urban Sports, its agents and employees and its affiliates harmless from any and all claims, damages or loses arising out of or in connection with participant's use of or presence at Urban Sports premises. Participant further promises and agrees that none of Urban Sports, its agents and employees, or any of its affiliates, shall be liable or responsible for any loss or theft of personal property. I understand and acknowledge that signing this release means my name or likeness may be used in promotional materials made available to the public.

PARENTS MEDICAL RELEASE FORM

As the parent(s) / legal guardian(s) of the above-named player, I/we here by give my/our consent for my/our child's participation in any Urban Sports activities, including transportation to and from activities. I/we agree to return upon request the uniform and any other equipment issues to me or my /our child in as good as condition as when received (less normal wear and tear. I/we hereby give my/our consent for emergency medical care prescribed by a duly licensed Doctor of a Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my/our dependent.

Parent(s) or Guardian(s) Signature(s) _____ Date _____

Parent(s) or Guardian(s) Signature(s) _____ Date _____

Urban Sports use only

Intake Staff _____	Date _____	Team Name <u>Urban Sports</u> _____
Cash _____	Check _____	Coach Name _____