



**Carolina Lynx Girls Basketball Program
Player Registration Form**

Participant's Information

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Number _____ Cell _____ Email _____

Date of Birth _____ / _____ / _____ Height _____ Weight _____
Month Day Year Inches LBS

School Attending (Current) _____ Grade (Current) _____

Medical Information

Physician's Name _____ Phone Number _____ Physical Date _____

Parent/Guardian Information

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Home Number _____ Cell _____ Work _____

Email _____

Waiver for Participation

I hereby release the Carolina Lynx from responsibility for injuries (physical or otherwise) incurred during the program activities.

Participant's Name _____

Parent/Guardian's Name _____ Date _____

Authorization for Medical Treatment

In the event of injury to _____ requiring medical treatment and a parent or guardian is not in attendance, I hereby authorize Coaches or Representatives of Carolina Lynx to provide necessary medical treatment.

Parent/Guardian's Signature _____ Date _____

