

ATHLETE INFORMATION SHEET

ATHLETE 1 NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SCHOOL: \_\_\_\_\_

ATHLETE 2 NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ SCHOOL: \_\_\_\_\_

CONTACT INFORMATION

ADDRESS: \_\_\_\_\_ CITY & ZIP \_\_\_\_\_

Mom/Guar: \_\_\_\_\_ Dad/Guar: \_\_\_\_\_

M-cell#: \_\_\_\_\_ D-cell#: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Has your child had any previous basketball/track experience? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, list below. (I.e. camp, team, training)

\_\_\_\_\_

List any allergies, medical, physical and/or other conditions \_\_\_\_\_

\_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT AND RELEASE OF LIABILITY

I hereby desire my child to participate in the sports or sports skills training programs offered by PowerPlay Youth Athletics and Empower Sports Facility and have had my child checked by his/her physician and he/she is able to participate with no restrictions. I permit my child to participate in area gyms and parks in the City of Rancho Cucamonga and neighboring cities. By the execution of this release, I acknowledge and agree that all requirements, directions, supervision and standards set by the directors of this program shall be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his/her participation in this program and therefore hold harmless Empower Sports Facility and PowerPlay Youth Athletics, LaRon Hall and all personnel associated with these programs and all facilities used from any and all liability that may result from his/her participation. In addition, I give my permission for emergency medical treatment in the event I cannot be reached. I also grant permission to Empower Sports Facility, PowerPlay Youth Athletics, LaRon Hall and affiliates to utilize photos in advertisements including social media.

Parent/Guar. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Name (in the event a parent is not present): \_\_\_\_\_

Contact Phone(s): \_\_\_\_\_, \_\_\_\_\_