



**AMEC JAGUAR BASKETBALL PROGRAM  
REGISTRATION FORM**

Players Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PLEASE CIRCLE PROPER CHOICES BELOW**

Boy	Girl	Grade: 14U	Player shirt size: Youth Small	Youth Medium
		15U 16U	Youth Large	Adult Small
		17U	Adult Medium	Adult Large
			Adult X-Large	Adult XX-Large

**I would like to volunteer as (please circle):    Head Coach            Assistant Coach            Scorekeeper**

**Head Coach Shirt Size...Ad S, Ad M, Ad L, Ad XL, Ad XXL**

My child has medical restrictions which their coach should be aware of. Yes \_\_\_\_\_ No \_\_\_\_\_  
(Asthma, epilepsy, diabetes, etc.) If yes, please explain \_\_\_\_\_

***Fees to accompany form:            \$450.00 for one child, \$650.00 for two, \$850.00 for three  
This fee includes Uniform, League Fees and Team Medal***

**INSURANCE WAIVER**

I have insurance that covers my child to participate in the AMEC Athletic Program. Insurance Company Name \_\_\_\_\_  
\_\_\_\_\_. If I do not have insurance for my child, nor do I wish to obtain insurance for my child, I know that it will be my full responsibility for any medical expenses incurred.

**PARENTAL CONSENT AND WAIVER OF LIABILITY**

I consent to, and give permission for, my child to participate in the Youth Basketball Program. I have no knowledge of any physical impairment that would be affected by my child's participation in the basketball program. I further agree to waive all liability of the AMEC Jaguars Basketball Program, its representatives, employees, Managers, team coaches, School District and any other participant, for any accident, injury, illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the basketball program, whether or not such liability, claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Basketball Program, its agents and specifically including any defects in the condition of the property of the Basketball Program or the condition of its maintenance. I consent (yes \_\_\_ or no \_\_\_) to emergency medical care for my child in case of sickness or injury, and any actual charges made for such care. I agree to abide by the rules and regulations as set forth by the Basketball Program for my child's participation, and that each player will be responsible for himself, his insurance and his equipment. I acknowledge that I have freely and voluntarily entered into this Agreement and that I have read and understand this agreement in its entirety.

I hereby give my consent for the above child to participate in the AMEC Jaguars Basketball Program.

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

**Please return form and check made payable to AMEC Programs  
on or prior to May 1, 2018**