



FALL REGISTRATION

(Please Print)

Player's Name: _____

Address: _____

DOB: _____ Grade: _____

Father's Name: _____

Cell Number: _____ Home Number: _____

E-mail Address: _____

Mother's Name: _____

Cell Number: _____ Home Number: _____

E-mail Address: _____

I, (Parent/Guardian) _____ certify that my child is in good physical condition, is fit to participate on the Central Broward Basketball Academy and suffers from no physical impairment that might be aggravated by said participation. I certify that my child is covered by medical insurance, and that I will not hold Central Broward Basketball Academy responsible for any injuries to my child that may occur during participation in the Academy.

Signed: _____

Date: _____