



REGISTRATION
(Please Print)

Player's Name: _____

Parent(s) Name: _____

Cell Number: _____

Email Address: _____

I, (Parent/Guardian) _____ certify that my child is in good physical condition, is fit to participate in 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.

Any underlying health issues that we need to be made aware of about your child:

Emergency Contact in case parent is not present: _____

Signed: _____

Date: _____