

Player First Name:

Player Last Name:

Gender:

Parent Email: List all used

Day Phone: (xxx) xxx-xxxx

Current Grade

School

Shirt Size

**Parent/Guardian Information**

Parent #1 First Name

Parent #1 Last Name

Parent #1 Cell Phone

Parent #2 First Name

Parent #2 Last Name

Parent #2 Cell Phone

**Emergency Contact/Medical Information**

Emergency Contact - Contact if parents can't be reached

Emergency Contact Relationship

*(Example: Grandparent, Aunt, Uncle, etc.)*

Emergency Contact Phone

If there are any medical conditions we should know about your child please list here

Please make check payable to **Paoli Basketball Club** and send, along with registration and release to **Pioneer Elite Clinics** at 442 Margo Ln, Berwyn. Thank you!

**Pioneer Elite Clinic Release Waiver**



**WAIVER**

I understand that my participant ketball involves risk and dangers of serious and permanent bodily injury and death. I, as parent/guardian of minor noted on this form, hereby release, hold harmless, discharge and agree not to sue Pioneer Elite Clinics, Paoli Wildcats, coaches, instructors, Owners/Leasers of Premises for all liability from my participation in these and any other related activities.

**ON OF RISK**

**Medical Release**

I give my daughter/ son permission to participate in the Pioneer Elite Clinics, and I certify that she/he is in good health and can take part in all activities. If an injury occurs, I authorize the clinic staff members to take all proper action and use the emergency service available at the nearest hospital, if necessary. In case of an emergency, I authorize the personnel to take action as they see best fits the situation at hand.

Participant's name: \_\_\_\_\_

Parent / guardian signature: \_\_\_\_\_

Parent / guardian name (print): \_\_\_\_\_