



**GABL ELITE TEAM PROGRAM WAIVER, CONSENT &
REGISTRATION FORM**

Name _____

Home Telephone _____

Home Address _____

City/State/Zip _____

BOY GIRL
Gender (Circle One) _____

Grade _____

School _____

GABL Coach
(If Applicable) _____

Birth Date _____

E-mail Address _____

Height _____

Position _____

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the Elite Team Program of the Great American Basketball League.

I understand that there are certain risks inherent in playing the sport of basketball, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is capable of participating in the sport of basketball and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

Please list any physical limitations (allergies, hearing, sight, etc.)

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Great American Basketball League, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

In the event of any accident or injury to my child subsequent determination that emergency medical treatment is necessary, I hereby authorize the GABL, staff and/or coaching staff to admit said child to the nearest medical treatment center, and place him/her under the care and treatment of the attending physician.

I also authorize GABL to take photographs and to use, at its direction, any photographs taken and waive any and all claims resulting from any such photographs or reproductions.

PARENT NAME

PARENT SIGNATURE

PARENT DAYTIME PHONE

PARENT EMAIL ADDRESS

Tryouts will be held March 1-3, 2010 at Shawnee Mission North High School and Mission Valley Middle School.
See website: www.gabl.net for times for specific grades.

****To register for tryouts please complete this form and email to pnicey@gabl.net
or fax to 913-236-9188****

Great American Basketball League
6740 Antioch, Suite 250, Merriam KS 66204 • Telephone: 913/236-8833