

GABL SPRING LEAGUE REGISTRATION FORM

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

I understand that there are certain risks inherent in 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 and 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 discretion, any photographs taken and waive any and all claims resulting from any such photographs or reproductions.

I understand that my child may only play on one GABL team in any given season.

Further, I agree to adhere to the league's sportsmanship principles which are: **Coaches coach; players play; officials officiate ; fans support.** Each person can only participate in **ONE** of these categories.

Name of Participant

Home Telephone

Home Address

City/State/Zip

Current (2009-10) Grade

Spring League Coach Name

School Player Attends

High School Attendance Area

Parent Printed Name

Date

Parent Signature

Parent Daytime Phone Number

Parent Email Address

**SPRING LEAGUE FEE: \$475 PER TEAM
NO INDIVIDUAL REGISTRATIONS ACCEPTED**

PAYMENT INFORMATION

CASH _____ VISA/MASTERCARD/DISCOVER _____ EXP. DATE _____

CHECK # _____ NAME ON CREDIT CARD _____