

McDevitt Rec Basketball

Youth Basketball Registration Form - Fillable PDF

PLAYER INFORMATION

Player First Name

Player Last Name

Date of Birth

Age

Home Address

City

ZIP

School

Grade

Previous Basketball Experience / Team

Preferred Position(s)

Height

Jersey Size

Shorts Size

PARENT / GUARDIAN INFORMATION

Parent / Guardian 1 Name

Relationship

Phone

Email

Parent / Guardian 2 Name

Guardian 2 Phone

Guardian 2 Email

EMERGENCY CONTACT

Emergency Contact Name

Relationship

Phone

MEDICAL INFORMATION

Primary Physician

Physician Phone

Insurance Provider

Allergies, medical conditions, medications, or physical limitations

☐ No known allergies, medical conditions, medications, or physical limitations.

McDevitt Rec Basketball

Registration Agreements, Permissions, and Signatures

PROGRAM INFORMATION

Preferred Division / Age Group

Requested Team / Coach (if applicable)

Season / Year

☐ Parent / guardian is interested in volunteering.

☐ Interested in coaching / assisting.

PARTICIPATION AGREEMENT

☐ I understand that basketball involves physical activity and carries a risk of injury.

☐ I confirm that the player is physically able to participate, subject to any medical information listed on this form.

☐ I agree that the player will follow program rules, coach instructions, and standards of sportsmanship.

☐ I understand that registration is not complete until all required fees and documents are received.

EMERGENCY MEDICAL AUTHORIZATION

If I cannot be reached in an emergency, I authorize McDevitt Rec Basketball staff or coaches to obtain reasonable emergency medical care for the registered player. I understand that I remain responsible for medical expenses not covered by insurance.

☐ I authorize emergency medical treatment as described above.

PHOTO / VIDEO RELEASE

☐ YES - Player photos/video may be used for program, website, social media, and promotional purposes.

☐ NO - I do not authorize use of the player's image for promotional purposes.

COMMUNICATION CONSENT

☐ I agree to receive program updates by text message.

☐ I agree to receive program updates by email.

PARENT / GUARDIAN ACKNOWLEDGMENT

By signing below, I certify that the information on this form is accurate and that I have reviewed the participation, emergency medical, and media permissions above.

Parent / Guardian Full Name

Date

Initials

Electronic Signature (type full legal name)