

2011/12 ART SADTLER BASKETBALL LEAGUE

Head Coach Registration Form

PLEASE PRINT ALL INFORMATION

(Include this registration form in the packet with your player's forms, bring to coach's meeting or give to your school's AD)

Name of Coach _____ Sex _____ Birth Date _____ Age _____
(Last, First)

Address _____ Phone No. _____
(Street)

(City, State, Zip)

School _____ Grade _____ Boys or Girls

Email Address: _____

T-Shirt Size (Please Circle) (polo-style): Adult Med Adult Lrg Adult XL Adult XXL

Any Allergies or Existing Medical Conditions? Yes No

If Yes, Please Explain

Emergency Contact _____ Relationship _____

Phone No. _____

AGREEMENT:

- 1) I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize members of Art Sadtler Basketball Program to obtain medical treatment for me in the event that the emergency contact cannot be reached.
- 2) I support Art Sadtler's Youth Sports Philosophy, which is based on participation, fun, physical fitness, health, skill development, teamwork, fair play and family involvement.
- 3) I will follow all rules and regulations of school and league play.

Signature

Date