



CHRISTIAN BASKETBALL LEAGUE

WAIVER/REGISTRATION FORM

This form should be completed for any minor (anyone under the age of 19). This form should be completed and signed by the parent or guardian of listed minor child.

Child's Name: _____ Age: _____ DOB: _____ Sex: _____

Parent(s)/Guardian(s) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Your relationship to child: _____ Phone: _____ Email: _____

Emergency Contact: _____
Name: _____ Phone: _____ Email: _____

Name of church/organization (team) child is affiliated with: _____

Date of child's last tetanus shot: _____

Is your child allergic to any medication? If so, what: _____

Does your child have any medical problems we need to be aware of? If so, explain: _____

Does your child take any medications? If so, please list: _____

Do we have permission to provide necessary medical treatment to your child if we are unable to contact you in case of an emergency?

Yes _____ No _____

I, the undersigned (parent /guardian) of _____ do hereby agree to allow my child to play in the Christian basketball league sponsored by Kevin Swann Ministries, Inc. I do hereby waive any and all liabilities that the league or Kevin Swann Ministries, Inc. or its agents or representatives for injuries that may befall my child as the result of engagement in such activities.

Parent/Guardian signature

Date