



Rockford Heat Basketball Registration:

Players Name: _____ Circle one: Male Female Date _____

Birth Date: _____ Current Grade: _____ Current School: _____

Address: _____

Mother's Name: _____ Phone # _____ Email: _____

Father's Name: _____ Phone # _____ Email: _____

I hereby waive, release and indemnify Rockford Heat Basketball Club, Rockford Heat Inc., any person affiliated with Rockford Heat Basketball Club/Rockford Heat Inc., Keith School, Christian Life School, Rockford School Dist. 205, Rockford Park District, and/or any other facilities that we may practice or play games of all legal responsibilities in the event of injury to my child. I know of no mental or physical problems, which might affect my child's ability to safely participate in this activity. I will be responsible for any medical charges in connection with his/her attendance of the tryout/practice/game, before, during or while leaving any program.

Please list any health or medical problems of registrant.

Parent Signature: _____ (Parent must sign to participate)