



Basketball Registration / Waiver Release

Child's Name _____
Last First

Address _____

Town _____ State _____ Zip _____

Age _____ DOB ____/____/____ Grade _____ Height _____ Position _____
Mon / Day / Yr

Playing Experience (Last 2 seasons) _____

Parent/Guardian Contact Information

Parents/Guardian's Name _____
Last First

Home Phone _____ Mobile Phone 1 _____ Mobile Phone 2 _____

Email 1 _____ Email 2 _____

Medical Problems/Limitations/Allergies

Emergency Contact's Name _____

Home Phone _____ Mobile Phone _____

As the parent/guardian of the child named above, I hereby give my full consent and approval for my child to participate in any activity of DST Basketball which may include Tryouts, Practices, Clinics, Camps, and/or Basketball Games. I also waive, release and hold harmless Coach Ken Ferrare and any staff member(s) of DST Basketball LLC for any injury that the child may suffer while in the course of participating in any activity including but not limited to travel to an event. By signing this waiver, I also give permission for DST Basketball LLC to photograph any activity to promote DST Basketball in Social Media, Media Publications, or Company Literature.

Parents/Guardian's Signature _____ Date: _____