



Loudoun Freedom

2012 Basketball Registration

Please complete all information and sign where applicable

PLAYER INFORMATION *Proof of age/copies of birth certificates required for all participants..*

Name: _____ Shorts Size _____ Jersey Size: _____ Preferred Uni #(s) _____

Birthdate: _____ Gender: _____ CHILD S M L CHILD S M L _____

2011-2012 grade: _____ ADULT S M L XL ADULT XS S M L XL

Home phone: _____ School: _____

Please list previous basketball league experience:

Please list other sports commitments, activities, or vacations in spring 2011 that will affect availability (include potential practice or game times):

PARENT INFORMATION *The Loudoun Freedom needs parents as volunteers. We need parents to help when necessary and your participation is encouraged.*

Father: _____

Mother: _____

Address: _____

Address (if different): _____

Town & Zip: _____

Town & Zip: _____

Home phone: _____

Home phone: _____

Work phone: _____

Work phone: _____

Cell phone: _____

Cell phone: _____

E-mail address(es): H _____

E-mail address(es): H _____

W _____

W _____

Emergency contact (other than parents): _____ Relationship: _____

Phone number: _____

MEDICAL INFORMATION

Basketball is a semi-contact, cardio-vascular sport requiring keen hand-eye coordination. Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning fitness to participate. All activities present certain inherent risks and hazards, which the participant is urged to consider and which the participant assumes.

List known health issues that would affect or interfere with her playing basketball (i.e. allergies, asthma, diabetes, osgood-slaughter knee condition, etc.). List the known treatments or methods of handling health issues.

LIABILITY WAIVER

I do hereby grant permission for the above named youth to participate in any and all activities of the Loudoun Freedom during the 2011 season. I assume all risks and hazards incidental to such participation including transportation to and from such activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Loudoun Freedom, its respective coaches, assistants, agents, other players or parents/guardians, sponsors, supervisors, participants, volunteers and any other persons from any and all claims for damage or injury arising from any activities of this sports program. Permission is granted to the hospital and staff to provide any treatment that a physician deems necessary for the well being of the child.

Parent or Legal Guardian

Date: _____

WEB PERMISSION

(YES / NO) I give permission to use my daughter's ___ photo and/or ___ name on the organization website <http://www.loudounfreedom.com> (circle YES or NO). Check photo and/or name.

REGISTRATION & TEAM ASSIGNMENTS

- Registration forms and registration fee of \$25 are due at tryouts. The registration fee serves to pay for tryout gym space. Potential team members will be notified after tryouts as to whether they will be invited to play on a team.
- Girls Eligibility = Team level is determined by grade. Permission to play up a grade is at the discretion of the Loudoun Freedom director and coaching staffs.
- Health forms, copies of birth certificates and **all club fees** are then due within **1 week** of an invitation to play on a Loudoun Freedom team.

REGISTRATION FEE - \$25

There is a \$25 non-refundable registration fee for all players due at tryouts that serves to pay for tryout gym space.

Paid by Check Amount _____ # _____ Cash \$ _____ Name on Check _____

MEMBERSHIP FEES

Membership Fee Structure will vary depending on whether participant is new or returning (already has uniform, warm-ups, etc.)

Paid by Check Amount _____ # _____ Name on Check _____

For additional information contact Michael Turner at 703-303-0808 or michaeltturner@aol.com.
<http://www.loudounfreedom.com>