

# Triple S Sports

## Registration Form (2011)

Participation in Triple S Sports basketball clinics requires the annual completion of the following two forms:

**1. Registration Form**

**2. Waiver of Liability**

**T-Shirt size:**

Each form must be completed and signed in its entirety before a registrant is permitted to participate in the Triple S Sports activities. The registrant's parent or guardian must also carefully read and sign each form.

	Yes	No		Yes	No
Previously registered with Triple S Sports?	<input type="checkbox"/>	<input type="checkbox"/>	Birth certificate on file with Triple S Sports?	<input type="checkbox"/>	<input type="checkbox"/>

Registrant Information					
Registrant's Last Name		First Name		Middle Name	
Mailing Address			City	State CA	Zip Code
Home Telephone	Work Telephone	Cellular Phone	Email Address		
Registrant's Organization/Team Name		Height	Weight	Age	Date of Birth
School					Grade

Parental/Guardian/Custodial Information				
Relationship (check one)	Parent <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>	Person having legal custody <input type="checkbox"/>	
<b>Mother's</b> Name/Guardian of Registrant <i>(complete address, telephone, and email address information only if different from Registrant information)</i>				
Mailing Address		City	State CA	Zip Code
Home Telephone	Work Telephone	Cellular Phone	Email Address	
<b>Father's</b> Name/Guardian of Registrant <i>(complete address, telephone, and email address information only if different from Registrant information)</i>				
Mailing Address		City	State CA	Zip Code
Home Telephone	Work Telephone	Cellular Phone	Email Address	

Signature of Registrant	Date
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I, the undersigned parent (or guardian) of the registrant, hereby state and confirm that all information given above is correct.		
Signature of Parent/Guardian	Name Parent/Guardian	Date

# Triple S Sports

## Waiver of Liability (2011)

I, the undersigned, understand that the participation in a basketball league involves certain risks of injury. With this understanding, I, the undersigned parent (or guardian) of

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(Print Registrant's Name)

consent to my child's/the registrant's participation as a player in the Triple S Sports league. I am aware that basketball is a strenuous sport and that participation in basketball games, training, and conditioning can result in physical injury such as sprains, broken bones, head injuries, and on occasion, even death. I am fully familiar with my child's medical and physical condition. My child has no illness or other medical condition which prevents him or her from fully participating in a vigorous sport such as basketball or which would be aggravated or exacerbated by or otherwise result in a worsening of my child's medical or physical condition due to his or her participation in basketball games, training or conditioning. I understand the coaches, assistant coaches, parents and other team members acting in such capacities or the capacity of activity supervisors will rely on the foregoing representation. For and in consideration of my child being permitted to participate in Triple S Sports and their affiliated organizations, and in their basketball games, training and conditioning, I, the undersigned parent or guardian, hereby voluntarily waive, release, discharge, and relinquish for myself and my family, including my child, our heirs, successors, and assigns, any and all liability, claims, suits, actions or causes of team members, for personal injury, death, or property damage occurring to my child arising from my child's participation therein and in any activity incidental thereto wherever or however the same may occur, and whether the same may arise from the negligent acts or omissions of any said persons, or otherwise. This waiver shall remain in effect throughout the current season (including tournaments and Triple S Sports sanctioned events) or until Triple S Sports is otherwise notified.

If it becomes necessary for my child to have medical, surgical, or dental care while participating in any of the aforementioned activities, I hereby authorize the coaches, assistant coaches, parents or team members, acting in such capacities or as activity supervisors, as my agents to consent to medical, surgical, or dental examination and treatment. In case of such emergency, I hereby authorize treatment and care by any physician at any hospital.

In case of emergency for which I cannot be reached, please contact

Emergency Contact:			
Relationship:		Telephone:	

Signature of Parent/Guardian	Name of Parent/Guardian	Date