

CBA BASKETBALL

JUNIORS

Player Name _____

Street _____

City _____ Zip _____

School _____ Grade _____

Birthdate _____ Age now _____

Height _____ Weight _____

Are you playing in any other league this season? _____

Did you play CBA last year? _____ If so, team? _____

Parent/Guardian 1 _____ Email _____ Phone _____

Parent/Guardian 2 _____ Email _____ Phone _____

EMERGENCY CONTACT _____ Phone _____

IT IS AGREED THAT ALL RISK WATCHING AND/OR PARTICIPATING IN CBA ACTIVITIES, INCLUDING, BUT NOT LIMITED TO BODILY INJURY, ARE ASSUMED BY PLAYER AND HIS/HER PARENTS AND/OR LEGAL GUARDIAN AS INDICATED BY THEIR SIGNATURE HERETO.

Parent/Guardian Signature _____ **Date** _____