

CBA BASKETBALL
SENIORS

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 _____