

TALLAHASSEE AMATEUR BASKETBALL MEMBERSHIP APPLICATION			
Player Information			
Name:			
Date of Birth:	Grade:	Phone:	
Current Address:			
City:	State:	ZIP:	
School:	Height:	Weight:	
Parent Information			
Names:			
Address:			Phone:
City:	State:	ZIP:	
Cell phone:	Email:	Fax:	
Employer:			Occupation:
Emergency Contact			
Name:			
Address:			
City:	State:	ZIP:	Phone:
Relationship:			
Commitment (circle answer)			
Are you willing to travel to out of town tournaments? Yes No (circle one)			
What percent of the tournaments will you travel to? %			
Will you participate in fundraising events? Yes No	Will you solicit funds from business associates etc? Yes No		
Player Experience (circle answer)			
City league? Yes No # Years		Church league? Yes No # Years	
School team? Yes No # Years		Other? Describe:	
I understand my child is trying out for a travel basketball and take full responsibility for all risk of injury that may occur. I understand and agree that all selection decisions for team membership are at the sole discretion of the Tallahassee Amateur Basketball will be final.			
Signature of Parent:			Date:
Signature of Parent:			Date:

Please return completed application to :
TALLAHASSEE AMATEUR BASKETBALL
 Email: coachhall@tabspurs.org

Phone: 850-339-1077

**TALLAHASSEE AMATEUR BASKETBALL
MEMBERSHIP APPLICATION**

Consent and Release from Liability Certificate

Name of Player: _____

I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless the Tallahassee Amateur Basketball program, its founders, directors, coaches, parents and volunteers (collectively referred to as "TAB"), of any and all responsibility and liability for any injury or claim resulting from participating in basketball with TAB and agree to take no legal action against the aforementioned parties because of any accident or mishap involving my child/ward while under the supervision of TAB, its founders, directors, coaches, parents or volunteers.

I further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of TAB.

Furthermore, I grant the released parties the right to photograph and/or videotape my child/ward and further use said child's/ward's name, face, likeness, voice and appearance in connection with any exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

I/we have read this carefully and know it contains a release.

Name of parent/guardian (printed): _____ Date: _____

Signature of parent/guardian: _____

Name of parent/guardian (printed): _____ Date: _____

Signature of parent/guardian: _____