

Players Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Shirt Size(circle one)Youth: small med large Adult: small med large

Parents/Guardian Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phones \_\_\_\_\_

Cell Phones \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Does this player have asthma \_\_\_\_\_ Does she carry an  
inhaler \_\_\_\_\_

Allergies \_\_\_\_\_ Other medical conditions \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of the primary Insured \_\_\_\_\_

By signing below I acknowledge that my daughter has insurance and that I will be responsible for any medical expenses that may be incurred from participation in the Lady Leopard Basketball League. I also release the administration, coaches, players, and Board of Education of the Banks County School System from liability of any injury sustained to my daughter in this league.

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_