

FCCJ High School Girl's
Summer Basketball League
Player Application 2008

Name _____

Address _____

Telephone # _____

Fax# _____

E-mail address _____

Grade _____ Age _____

School attending _____

Coach's name _____

Any illness or injuries _____

Attention Parents!

I/we the parent's or guardian of _____
authorize the FCCJ coaching staff or administrators to act for me/us according to their
best judgment in any emergency situation requiring medical attention. I/we hereby waive
and release the league from all liability for any injuries incurred while participating. I/we
certify that my child _____
is covered by a medical insurance policy and therefore will be covered in case of any
injury incurred while participating in this Youth Basketball League.

Parent or guardian's
signature _____

Parent or guardian's address if different from the child's address.

_____ Telephone # _____