



BALLIN' AMBASSADORS YOUTH BASKETBALL LEAGUE

REGISTRATION FORM

Cost for New Players: **\$160** - Click [Here](#) to Pay with PayPal
Cost for Returning Players: **\$125** - Click [Here](#) to Pay with PayPal
If paying by check make check payable to:
Ballin' Ambassadors

NOT ACCEPTING FRIENDS REQUESTS

FIRST & LAST NAME: MALE FEMALE

MAILING ADDRESS:

PHONE: EMAIL:

DATE OF BIRTH: DIVISION: 5 6-7 8-9 10-11 12-13 14-18

EMERGENCY CONTACT: RELATIONSHIP: PHONE:

DOCTOR: CITY: PHONE:

Does your child have any disabilities, present injuries, allergies, health problems, or taking any medication:

NO YES If YES please explain:

I, the undersigned parent or legal guardian, declare that my child has medical insurance.

INSURANCE COMPANY/PROGRAM: POLICY #:

EMERGENCY INFORMATION:

I, the undersigned parent or legal guardian, hereby authorize the coach or assistant coach, designated parent, as my agent to seek medical, surgical, or dental examination and treatment in the event of an injury.

I, the undersigned parent or legal guardian of the athlete registering, acknowledge that participation in athletic events necessarily involves risk or injury, I further acknowledge that this basketball league is primarily administered by parents who volunteer their time. In consideration for acceptance of the registration of the name individual participant and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Mike Allen/Ballin' Ambassadors, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in this league, including the physical injury, that may result to said individual while participating in this league, including the physical injury that may arise during any practices or games. I acknowledge that I have read the above information and understand its content.

Name of Parent or Guardian: Date:

Ballin' Ambassadors
P.O. Box 2826
Sunnyvale, CA. 94087
408-830-9556

To Email completed form:
Click "File"
Click "Attach To Email"
Send to: ballinambassadors@yahoo.com