



PARTICIPANT REGISTRATION FORM

PLEASE PRINT CLEARLY
Deadline for submission is July 04, 2008

Name:	_____	Age:	_____
Date of Birth:	_____	Day Phone:	_____
Gender:	_____	Cell Phone:	_____
Team Name:	_____	Email:	_____
Village you live in:	_____	School:	_____

By signing above, I acknowledge that the information provided is true and correct to the best of my ability.

Player's Signature

Date

PARENTAL CONSENT

I/We, the parents/legal guardians of _____, allow my son/daughter to participate in the Youth Basketball Camp/Clinic held at the College of Micronesia, FSM. I/We assume all risks and hazards, incidental to such participation to and from the activities; and I/We do hereby waive, release, absolve and agree to hold harmless for the 2008 Youth Basketball Camp/Clinic, organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and the amount covered by accident or liability insurance.

Print Parent's Name & Signature

Emergency Contact No.

Date

