



Comets Participation Form

Player Information

Player Name:		Date of Birth:	Age as of 1/1/2007:	
Address:		City, State & Zip:		
Home Number:	Player Cell Number:	Height:	Position(s):	
E-mail Address:		Grade:	School Name:	
Prior basketball experience?	City:	League:	School:	AAU/YBOA:
Uniform Size	Jersey:	Jersey#:	Shorts:	T-Shirt:
<i>(Adult shorts and jersey; S M L XL XXL - If unsure choose larger size)</i>				

Parent/Legal Guardian Information

Father's Name:		Father's E-mail Address:		
Father's Work Number:	Father's Cell Number:	Father's Home Number:		
Mother's Name:		Mother's E-mail Address:		
Mother's Work Number:	Mother's Cell Number:	Mother's Home Number:		
Additional Contact Name & Numbers:				

Parent/Legal Guardian Participation

Category	Father	Mother	Prior Experience
Coaching/Trainer			
Videographer/Photographer			
Statistician/Scorekeeper			
Public Relations/Team Manager			
Tournament Management			
Fundraising			

I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Tallahassee Comets, Inc. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Tallahassee Comets, Inc., owners of facilities used, participants, and coaches for any and all claims arising out of injury to my daughter. I hereby authorize the Tallahassee Comets, Inc. to facilitate transportation of my child to the nearest hospital or any other medical establishment for emergency treatment in case of injury during participation if parents are not available. I will assume any and all financial responsibility.

Any physical problems that we should know about your daughter: Yes _____ (Provide explanation) No _____

Signature of Parent/Legal Guardian indicates understanding and agreement of participation consent as set forth above.

Date: _____ Parent/Legal Guardian Printed Name: _____ Signature: _____