

Player Name:	Team:
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Check off list – Following Document Needed:

Registration Form	
Medical Release Form	
Birth Certificate (Copy Only)	
Latest Report Card (Copy Only)	

**2021 Winter-Spring Season Registration Form
(TEAM BOOK INFO. SHEET)**

Player's Name: _____ Date-of-Birth (Include Year): _____

Home Address: _____
Address City St Zip _____

Home Phone: _____ Cell Phone(s): _____ / _____
Area code # _____ Mom _____ Dad _____

Parent(s) Name: _____ / _____
Mom _____ Dad _____

Emergency Phone: _____ Emergency Contact Person: _____

Primary Email Address: _____

2020-2021 School Attending: _____ Grade: _____

Height: _____ Uniform Size: _____ **(Uniform Top & Bottom are Same Size...No Mix Match)**

Is this player covered under a parent / guardians insurance? _____ Yes _____ No

Medical issues / allergies that the Carolina Stars Basketball program needs to know about: _____

Please read and sign the following: *I have read and agree to follow the rules and policies on the attached page of the Carolina Stars Basketball AAU Program. I understand that if I, as a parent / guardian, or my spouse or relative, do not follow the rules and policies of the Carolina Stars AAU Boys/Girls Basketball Program that I am / we are subject to disciplinary action by the program's Board of Directors and / or Director of Basketball Operations. I understand the fees structure, and the program's policy on refunds. I understand the uniform policy. I understand that this program is for my child to learn, grow and have fun, and that I have her participating in this program for those reasons.*

_____ Parent / Guardian Signature

_____ Date

For office use only

Payment:

CAROLINA STARS BASKETBALL
Medical Release Form

Head Coach: _____ Team Manager/Parent: _____

I hereby give permission for any and all medical attention necessary to be administered to my child, whose name is: _____ in the event of an accident, injury, sickness, etc. under the directions of the persons listed above until such time as I may be contacted. This release is effective for the time during which my child is participating in any AAU, Teammate, USSSA, USBA, NTBA, NCAA or Non-Sanctioned Grassroots Basketball Tournaments or any preparatory practices, games, or tournaments for a period from September 1st, 2020 to August 31st, 2021 including traveling to and from tournaments. I also hereby assume the responsibility for payment of any such treatment.

My name is: _____

My address is: _____

Home phone: _____ Work phone: _____

Cell phone 1: _____ Cell phone 2: _____

My insurance company: _____

My policy number: _____

In case I cannot be reached, please contact:

Name(s)/Telephone#: _____

Our physician is: _____

Physician's address: _____

Phone: _____

Known allergies: _____

Medicines my child is taking: _____

Medicines my child can be given: _____

Signature of parent or guardian: _____

Date: _____

Director Signature: _____

Date: _____