



Whatever Registration

Name _____ DOB ____/____/____

Address _____ Home Phone# _____

City _____ State _____ Zip _____ Grade 2011-2012 _____

Parent/Guardian _____ Cell Phone# _____

Parent/Guardian _____ Cell Phone# _____

Allergies _____

Special Information _____

Child's Doctor _____ Phone# _____

Shirt Size _____

In the event of an accident or injury to my child, during a practice or game, I will not hold the staff of the Whatever basketball league of First Baptist Church of Garner, the coaches, or the referees responsible in any way. If an accident does occur and I am not present, I give permission to the staff of Whatever basketball league to give treatment to my child as they see fit at the time.

Parent/Guardian _____ Date _____

High School practice: Monday nights

Middle School practice: Tuesday or Thursday nights