



# MARYLAND MADNESS - PLAYER REGISTRATION FORM



Please complete **ALL** areas on this form, sign and date, and return to the head coach. The head coach will retain this original and will be with him at all practices and games.

NAME OF PLAYER(full name)		
PARENT'S NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE (H)	PHONE (W)	<input type="checkbox"/> Father <input type="checkbox"/> Mother
E-MAIL ADDRESS		
BIRTH DATE(player)	CURRENT GRADE	
SCHOOL		

OTHER PARENT'S NAME(if different)		
ADDRESS(if different)		
CITY	STATE	ZIP
PHONE (H)	PHONE (W)	<input type="checkbox"/> Father <input type="checkbox"/> Mother

EMERGENCY CONTACT	RELATIONSHIP
PHONE (H)	PHONE (W)

PRIMARY PHYSICIAN	PRIMARY DENTIST
PHONE	PHONE

MISCELLANEOUS(medical conditions,conflicts, other pertinent information)

Maryland Madness, Inc. assumes no liability for injury or damages arising from the results of participation in its basketball program. Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning his/her fitness to participate. All activities present certain inherent risk and hazards, which the participant assumes. I hereby approve my child's participation in the Maryland Madness, Inc. basketball program and consent to emergency treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions which will interfere with my child's participation.

PARENT SIGNATURE

PRINT PARENT'S NAME

DATE

