Portland OIC Friday Night Youth Basketball Program

Participant Registration Form

Contact Information Participant Name Phone Email Address Parent/Guardian Name (1) Work Phone Email Cell Phone Does this parent/guardian live with you? Yes No Parent/Guardian Name (2) Work Phone Email Cell Phone Does this parent/guardian live with you? Yes No Emergency Contact:__ Contact Name Phone Primary Physician's Name Phone **Participant Information** Circle Race/Ethnicity: African American Circle: Male Female Date of Birth White Asian/Pacific Islander Native American Grade Current School Other Please describe any medical alerts or issues: Please list any allergies: Have you played basketball before? Please describe your basketball experience: What do you hope to get out of participating in the Friday Night Basketball Program:

Portland OIC Friday Night Youth Basketball Program Youth Participant Waiver

Participant Name:_			
	First	Last	
Friday Night Baske participation in this this document, I ago the Reynolds School which may occur was program personnel injured when no participation.	tball Program, appropriate to waive and related District, the City of thile participating in to authorize and obtainent/guardian is available to the content of the content		Il program activities. I understand sociated risks and hazards. By signing apportunities Industrialization Center, involved in any injury or accident a to program facilitators or other the above participant become ill or
Parent/Guardian Sig	gnature	Relationship	Date
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