



**20011-2012  
DUNK INDIVIDUAL PLAYER REGISTRATION FORM**  
Only completed and signed forms will be accepted. One form per child.



Select Activity:  Boys Basketball     Girls Basketball     Cheer & Dance     Camp  
 Select Season:     Fall     Winter/Spring

Child's Name: \_\_\_\_\_  
 Age/Date of Birth: \_\_\_\_/\_\_\_\_  
 Grade: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Top Size: Youth-S M L XL Adult-S M L XL  
 Bottom Size: Youth- S M L XL Adult- S M L XL

League Name: Dunk Basketball Youth League  
 Team Name: \_\_\_\_\_  
 Age Division: \_\_\_\_\_  
 Jersey Number: \_\_\_\_\_  
 AAU Member Number: \_\_\_\_\_  
 Dunk Member: Y / N

\_\_\_\_\_ of full age being sworn and cautioned upon his/her oath deposes and says that:

1. I am the parent/guardian of \_\_\_\_\_ herein. The information about my child's name, date of birth, age, address, school information and photo is correct. I also authorize Dunk Basketball (DB) to request official school records verifying that the information above and below is correct and that my child is in good standings and eligible to participate in youth basketball or cheer & dance. Any misleading or false statements about my child's name, date of birth, age or school information could result in criminal prosecution.
2. My child and I will abide by the rules of DB. I agree that for the safety of my child and all other children that any misstatement by my child or his/her teammates may result in forfeiture of all games.
3. It has been explained to me and I do understand that participation in basketball and/or cheer/dance can be a dangerous sports, and injuries from participation in these activities can be deemed serious which could result in paralysis, or death may occur.
4. It has been explained to me and I understand that if my child sustains an injury at school or during a basketball/cheer/dance practice, game or performance requiring medical attention, a medical release form must be provided before resuming participation with any athletic team associated with the DB.
5. I hereby consent to any and all medical treatment which may be deemed necessary by attending physicians. It is my intent to grant authority to administer and perform all examinations, treatment and diagnostic procedures which may be deemed advisable or necessary during the course of my child's care. I understand that I may be responsible for my child's medical bills if injury occurs.
6. In the event of injury or illness resulting from participation, I hereby waive all claims against the DB and hereby release and absolve it's directors, staff, coaches, volunteers or sponsors. The parents and family have waived their legal rights as well.
7. I hereby grant to the DB and its employees, agents and assigns the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication purposes, whether electronic, print, digital or electronic publishing via the Internet.
8. I certify that the information above and below is true and that a lie may result in the forfeiture of games and the loss of my child's privilege to participate.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

PRINT CLEARLY

Parent's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email : \_\_\_\_\_

\*Email required to send league updates , events and discounts

**Make check payable to:** Dunk Basketball  
**Mail application and fees to:**  
 Dunk Basketball Headquarters  
 C/O (write your child's activity)  
 P.O. Box 8282  
 Coral Springs, FL. 33075

**League Use Only**

Birth Certificate on file   
 Player photo on file   
 Amount Paid: \$ \_\_\_\_\_  
 Money Order     Check # \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_