

“CORE” BASKETBALL TRAINING



Player Registration

Player name _____ Grade _____ School _____
Player address _____ City _____ State _____ Zip _____
Parent/Guardian name _____ Contact # _____ Email _____
Emergency contact name _____ Relationship _____ Contact # _____
Experience (in # of seasons): Recreational ball _____ Travel ball _____ AAU _____ School _____

Waiver of Liability

I hereby permit my child _____ to participate in “CORE” Basketball Training. I understand that the coaches will do their best to keep my child safe, but I understand that any injury resulting from this activity is the responsibility of each individual. I understand and fully accept that there are risks involved in sports and that accidents and injuries are common and ordinary occurrences of sports. I hereby release and hold harmless Jeff Brenning, John Wheeler and the coaching staff of “CORE” Basketball Training from ALL liability and from ALL actions or claims that I or my child now or hereafter have for damage or injury to my child as a result of participation in the “CORE” Basketball Training sessions.

Parent/Guardian signature _____ Date _____