

HOMESCHOOL BASKETBALL REGISTRATION WINTER 2008

October 29-December 10, 2008 Wednesday for entire program
(You may use one form for all your children)

Child (ren) Name	Age	Level

Names of Parents _____

Address _____

Phone # _____

E-mail _____

Indicate specific allergies, chronic illnesses or other medical conditions coaches should be aware of:

In case of emergency, I hereby authorize treatment for the above mentioned child (ren) by a qualified and licensed medical person who has determined that the injury may endanger my child's life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

I understand that Tabernacle Area Homeschool sports association, Tri-County Home Educators, Living Water Homeschool Group, Coaches and Coordinators are not responsible for any damages/injuries that may occur during the Sports Program. Our insurance does NOT provide coverage to or for any players' injuries. Your personal medical insurance will cover your child (ren).

Alternate Emergency Contact Information

Name _____ Phone # _____

Relationship to Child _____

Signature _____ Date _____

We need coaches to offer this activity. Are you willing to help?

To coach: yes ___ no ___ What level? _____

To assist: yes ___ no ___ What level? _____

Level 1 (5-8), Level 2 (9-13), Level 3 (14-18)

All players MUST wear sneakers.

Send Registration form and \$7 per child to:

Wayne Saville

Tabernacle Area Homeschool Sports Assn.

11 Lee Drive

Tabernacle, N.J. 08088