

Cory Alexander Basketball School

Registration/Release

Student Information (Please Print)

Name: _____ Phone: _____ Grade: _____
Address: _____ City/State _____ Zip _____
M ___ F ___ Age: _____ Birth Date: _____ School: _____

Parent/Guardian Information:

Name(s): _____ Email: _____
Phone: Cell _____ Home _____ Work _____

Insurance Information:

Name & Relationship of Policy Holder _____

Name of Insurance Company: _____ Policy # _____

Doctor: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Health Questions:

Does your child have or use any of the following?

1. Medications? If so, please list: _____

2. Any conditions or injuries that may prevent full participation? If so, please explain: _____

Medical Consent/Release: In signing this release, I attest and verify that my child and I both have full knowledge of the risk involved with the sport of basketball. My child is physically fit to participate in basketball. To the best of my knowledge, my child does not have any diseases or injuries that would medically prohibit him/her from participating in basketball. I do hereby release and forever discharge Virginia Home for Boys & Girls, Cory Alexander, Cory Alexander Basketball School, their agents, officers, instructors, and employees from any responsibility or liability for recurrence of any pre-existing, undisclosed, or personal injury/illness or property damage sustained by my child during the Cory Alexander Basketball School and because of participation within. I also give my permission for any emergency procedures that are deemed necessary for my child during participation.

Photo Consent/Release: I hereby grant Cory Alexander Basketball School permission to use the likeness of my child, in any and all of its publications, including websites. (We will not publish your child's first or last name, address, phone numbers, or other information protected by federal regulations.) I understand that any and all of these likenesses will become the property of Cory Alexander Basketball School. I hereby authorize Cory Alexander Basketball School to exhibit or publish any likenesses for the purpose of publicizing any and all Camp activities or any other lawful purpose. I hereby release Virginia Home for Boys & Girls, Cory Alexander, Cory Alexander Basketball School, their agents, officers, instructors, and employees from any responsibility from all claims, demands, and causes of action which I, my heirs, representatives, executors, or any other person or persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature of Parent/Guardian

Date