



Registration Form

First Name _____ Last Name _____ Grade _____ Age _____

D.O.B. _____

Address _____ City _____ Zip Code _____

Email: _____

Emergency Information

Parent/ Guardian _____ Phone _____

Parent/ Guardian _____ Phone _____

Emergency Contact _____ Phone _____

Insurance _____ Hospital _____

(If injured take to)

Policy # _____

Allergies/Prescriptions: _____

Shirt Size (Circle One) Small Medium Large X-Large XX-Large XXX-Large

Insurance Coverage/Medical Treatment



I understand that my son/daughter is participating in the above named activity of **The Next Level Futuristic Basketball**. I also understand **The Next Level Futuristic Basketball** recommends that all participants carry their own personal medical insurance which will cover the complete cost of any injury sustained while participating in any activities. Any major injury requiring surgery should be put on my medical coverage and looked to by the Third Party.

Parent/ Guardian Signature

Date