



## 2014-15 HUSTL Basketball Registration Form

Please Print Legibly

Parent's name(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone 1: ( \_\_\_\_\_ ) \_\_\_\_\_ -- \_\_\_\_\_ Phone 2: ( \_\_\_\_\_ ) \_\_\_\_\_ -- \_\_\_\_\_

E-mail address: \_\_\_\_\_

*This e-mail will be the primary means of communication*

Church you attend (optional): \_\_\_\_\_

**NOTE:** Registration is not complete until medical release and parental obligation forms are filled out and submitted.

PLEASE INCLUDE	
<input type="checkbox"/>	Payment
<input type="checkbox"/>	Registration
<input type="checkbox"/>	Medical
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Volunteer
<input type="checkbox"/>	Coach

PLAYER'S NAME	BIRTHDATE	AGE	GRADE	JERSEY SIZE	SHORTS SIZE
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

Also please include a copy of your child's/children's birth certificate(s) with this form.

Please make checks payable to: HUSTL, Inc.

Send registration forms and deposit to: Tammi Cragun, HUSTL Treasurer [tammi@hustlathletics.org](mailto:tammi@hustlathletics.org) HUSTL, INC., PO Box 311 Frankfort, IN 46041

\*\*Any questions concerning basketball should be directed to Tammi Cragun, HUSTL Treasurer, at [tammi@hustlathletics.org](mailto:tammi@hustlathletics.org)

### PARENTS...

- I hereby certify that my child is in normal health and capable of safe participation in HUSTL Athletics. I assume all risk(s) and hazards incidental to the conduct of this program and will provide for transportation to and from the program. I hereby authorize HUSTL to obtain medical treatment for my child in the event that parent(s) and the emergency contact cannot be reached.
- I support the HUSTL Athletics philosophy, which is based on Christian principles, positive competition, and leadership.
- I give permission for my child to be photographed or videotaped for in house use, website, newspaper, television, or any other form of media.

Parent's Name \_\_\_\_\_

Today's Date: \_\_\_\_\_

I would be interested in being a volunteer coach for HUSTL Basketball - Please Call ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

# Homeschool Unified Sports Teams of Lafayette (HUSTL)

## Consent for medical/surgical care/emergency treatment and child's medical information

I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine and/or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the above named dependent.

**Signature of parent/guardian:** \_\_\_\_\_

**Print parent/guardian name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_ **Home phone:** (\_\_\_\_) \_\_\_\_\_

**Business or work phone:** (\_\_\_\_) \_\_\_\_\_ **Cell phone:** (\_\_\_\_) \_\_\_\_\_

**Additional cell phone:** (\_\_\_\_) \_\_\_\_\_

## CHILD'S MEDICAL INFORMATION

**Child's birthdate:** \_\_\_\_\_ **Date of last tetanus treatment:** \_\_\_\_\_

**Child's allergies:** \_\_\_\_\_

\_\_\_\_\_

**Medicine(s) child is currently taking:** \_\_\_\_\_

\_\_\_\_\_

**Family physician:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Other pertinent information:** \_\_\_\_\_

\_\_\_\_\_

**Insurance company:** \_\_\_\_\_ **Policy number:** \_\_\_\_\_

## Permission to administer nonprescription painkillers

I grant permission to team coaches and other authorized personnel to administer nonprescription painkiller, such as Tylenol, to the child listed above at games and practices when such use is deemed appropriate. Furthermore, I absolve said coaches and personnel, and Homeschool Unified Sports Teams of Lafayette, from liability stemming from any and all administration of those nonprescription medications. (Sign and date below)

\_\_\_\_\_