



PRODIGY BASKETBALL

Please complete and be sure to sign the waiver at the bottom.

YEAR: 2012 SESSION: WINTER II

- 1] Prodigy Baby Ballers: Pre K (ages 3-5 yrs)
- 2] Prodigy Little Hooper's: K-2nd Grade League
- 3] Prodigy Academy: 3rd-12th Grade
- 4] Prodigy Leagues: 3rd-8th grade
- 5] Prodigy One-on-One
- 6] Prodigy Small Group Training

MUST COMPLETE A SEPARTE FORM PER PARTICIPANT

PARTICIPANT'S NAME: _____ D.O.B. _____

AGE: _____ GRADE: _____ GENDER: B G SHIRT SIZE: YS YM YL AS AM AL

KNOWN MEDICAL CONDITIONS: _____

RESPONSIBLE PARTY: _____ D.O.B. _____
(Must be 18 or older)

PHONE: [home] _____ [cell] _____ [work] _____

EMERGENCY CONTACT: _____ [PHONE] _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ (Required / Please print clearly)

Do not send cash. Make checks / money order payable to: **PRODIGY BASKETBALL CO.**

You may mail your form / payment to: SportsCity 425 NE Mock Ave., Blue Springs, MO 64014

If you wish to use a credit or debit card you may register over the phone with SportsCity 816-229-1314

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All participants are required to sign the following release. Parents or legal guardians must sign if participant is under 18 years of age.

LIABILITY WAIVER:

I, as the registered participant in the event selected above, or as the parent / legal guardian of the registered participant, hereby waive any claim for bodily injury or property damage against SPORTSCITY or THE PRODIGY BASKETBALL CO. or any location used by THE PRODIGY BASKETBALL CO.. I also permit THE PRODIGY BASKETBALL CO. and SPORTSCITY to use any photographs or videotapes of myself as the participant or of the above participant which I am the parent or legal guardian of, for promotional purposes.

MEDICAL EMERGENCY RELEASE FOR MINORS:

In the event of a medical emergency, I authorize THE PRODIGY BASKETBALL CO. or SPORTSCITY staff to obtain medical treatment for myself as the registered participant or the above participant which I am the parent or legal guardian of.

Print name of participant (if 18 or older) or parent / legal guardian

Signature

Date: _____