

Defense, Desire & Discipline Skills Training Academy

Basketball Registration Form

Child's Name: _____ Gender: _____ Grade: _____ Age: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell: _____ School: _____

Parent/Guardian's Name: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Hospital in case of emergency: _____

**Insurance is not provided for this voluntary basketball activity.
Parents or guardians are expected to provide their own insurance.**

Name of Insurance Provider _____ Policy # _____

In case of an emergency, my child should be taken to the hospital (check one):

Yes _____ No _____

Waiver

I, _____, the parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with participating in Defense, Desire & Discipline Skills Training Academy (3DSTA) sponsored activities, and in consideration for the 3DSTA providing these activities, do release the 3DSTA and its staff members from all liability for any injuries sustained while participating in 3DSTA activities.

Signature of Parent/Guardian _____ Date: _____

FOR OFFICE USE ONLY Amount Paid: _____ Date: _____