

2021 CT EXPRESS AAU Basketball

Participant's Last Name _____ First Name _____ Mi _____

Date of birth ___ / ___ / ___ Age ___ Sex ___ School _____ Grade _____

Guardian Name _____

Street _____ City _____ State _____ Zip _____

Home () _____ Work Phone () _____ Cell () _____

Emergency Contact Person: Name _____

Relationship _____ Phone () _____

Hospital Preference _____ Town _____

Doctor Name _____ Phone () _____

Allergies _____

Special Medical/Physical Conditions _____

Athlete's Waiver, Pledge and Consent Agreement

Non-Refundable \$500 deposit is required with the completion of this form. Deposit secures players "ROSTER" spot on the team.

While youths are responsible for their own behavior, as a parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my child breaks any of the rules and has to be sent home. I agree on behalf of myself, my child named herein, our heirs, successors, and assign's to hold harmless and defend CT Express, its administrators, directors, and representatives associated with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection there with.

I hereby warrant that to the best of my knowledge, my child is in good health and physical condition and she has no disease or injury that would restrict her participation in activities related to the CT Express, I assume all responsibility of the health of my child. In the event of any emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention.

By entering and participating in the CT Express organization, I agree to abide by the rules and regulations of the Organization administrators and coaches.

Signature of Athlete

Signature of Parent

Date

Corey Googe
President

CT Express Child Development Program
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