

South Carolina 76ers Fall League Player Registration Form

Please make all checks payable to: SCBA/Fall League, PO Box 24107, Columbia, SC 29224

Player Name: _____ Birth date: _____ Age _____

Height _____ 2011-2012 Grade Level _____ Shirt Size: _____

2011-12 School _____ AAU Team _____

Address, City, State, Zip: _____

Mother/Guardian: _____

Father/Guardian: _____

Phone: Mother: (H) _____ (C) _____

Phone: Father: (H) _____ (C) _____

Phone: Player: (H) _____ (C) _____

Who Is Your Primary Insurance Company? _____

Policy Number: _____

Please list any health conditions that may hinder your child as she participates in Skill Sessions and games: _____

The South Carolina Basketball Associations coaches are volunteers certified with AAU for 2011. This organization has no association with any school district or other organization private or public. Each coach agrees to abide by the coaches' code of ethics of the Amateur Athletic Union.

****I certify that my child is in good physical condition and can participate in practices and games with The South Carolina Basketball Association. I will not hold the South Carolina Basketball Association, its staff, or other program participants responsible for accident or injury resulting from my child's participation in the Fall League basketball activities for September 2011 - October 2011 calendar year.**

Parent's Signature: _____ Date: _____