



5 Star Basketball Academy / Brentwood Leopards

PLAYER REGISTRATION **



Player Name:	
Player Address:	
Date of Birth:	
Player Age:	
Player School Year:	

Parent / Guardian Name:	
Parent / Guardian Phone:	
Parent / Guardian Email:	

** I understand that anyone handling this information has a legal duty to treat such information confidentially, the information shared will be used only by the staff at 5 Star Basketball Academy / Brentwood Leopards

- Any personal information will be stored securely in electronic form.

Health Questions

Does your child have or has he/she ever experienced any of the following? (Please circle response)

- | | |
|--|-------|
| 1. High or Low Blood Pressure | Y / N |
| 2. Elevated blood cholesterol or Diabetes | Y / N |
| 3. Chest pains brought on by physical exertion | Y / N |
| 4. Childhood epilepsy | Y / N |
| 5. Dizziness or fainting | Y / N |
| 6. Any bone, joint or muscular problems with arthritis | Y / N |
| 7. Asthma or respiratory Problems | Y / N |
| 8. Any sustained injuries or illness | Y / N |
| 9. Any allergies | Y / N |
| 10. Any other medical conditions not mentioned above | Y / N |

If answered 'YES' to any of the above questions, please give full details here:

In signing this form, I the parent/guardian of the aforementioned child, affirm that I have read this form in its entirety and I have answered the questions accurately and to the best of my knowledge. I understand that my child is responsible for monitoring him/herself throughout any activity, and should any unusual symptoms occur, my child understands the importance of informing the Coach immediately.

In the event that medical clearance must be obtained before my child's participation in an exercise session, I agree to contact the GP and obtain written permission prior to the commencement of the exercise activity, and that the permission is given to the Coach. I understand that if my child fails to behave in a manner that is polite and social, he or she could be suspended from that particular activity.

I give permission for my child to take part in activities organised by 5 Star Basketball Academy/Brentwood Leopards **Y / N** (Please circle)

I give permission to 5 Star Basketball Academy/Brentwood Leopards to take group and/or action photography shots to use for marketing purposes **Y / N** (Please circle)

Parent/guardian's signature: _____ Date: _____

Please Print Name: _____