

**REGISTRATION
FOR
CONQUEROR BASKETBALL LEAGUE**



2016/2017
Season: _____
Fall - Winter - Summer

Gender: Boys or Girls _____ Grade: 3 4 5 6 7 8 _____

Division: Gold, Silver, or Bronze _____ Team Name: _____

Head Coach:
Name: _____ Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email(s): _____
Asst. Coach:
Name: _____ Email(s): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Even though you requested to participate in an exercise/recreational program, we request that you ask your doctor's advice if you have a history of heart trouble, high blood pressure, or other medical problems prior to participation in an exercise/recreational program. We suggest that you have a physical examination performed by your doctor prior to participation in an exercise/recreational program. In consideration of my acceptance in an exercise/recreational program in school facilities, I hereby release and hold harmless the Elkhorn Public Schools District, Nebraska Elite Sports & Fitness, and the Conqueror Basketball League, and its employees, from any and all liability of any kind and nature which I may suffer on the premises of the above locations or elsewhere arising directly or indirectly out of my participation in an exercise/recreational program. Insurance: It is expressly understood that sponsors of the Conqueror Basketball League do not insure against, nor accept responsibility for, personal injury or property loss or damage to the participant, which might be sustained as a result of his/her participation. Parents or legal guardians are responsible for medical care, treatment and insurance for said participant.

Name of Player(Print)	Jersey #	Birth Date	Home Address(with zip code)	Emergency Contact & Phone #	Parent/Legal Guardian Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

I hereby certify that the foregoing roster is correct and accurate and each signature is the actual and true signature.
Please submit this registration form and check made out to Conqueror Basketball League, to:

Coach's
Signature: _____

Conqueror Basketball League, 3321 South 217th Street, Elkhorn, NE 68022

Date: _____