

Last Name: _____

Parents/Guardian - (Please Print)

Participant's Name - (Please Print)

Address:

City:

Zip Code:

Date Of Birth:

Home Phone::

Cell Phone

Email:

HEALTH PLAN:

Medical I.D.#:

Registering for: Winter Summer

2015..... _____

2016..... _____

2017..... _____

2018..... _____

2019..... _____

2020..... _____



Expires: _____

Parent's Registration, Code Of Conduct, Consent, Release, Renewal/Receipt Form (PRCOCCRRRF)

I _____, hereby give my son / daughter _____ permission to play basketball. While my child is registered in Impact, I will adhere to the rules and regulations of the league and its organizers. I also give league officials the right to dismiss my child from the league if his/her (or my) behavior or attitudes are deemed detrimental to the best interest of the league. I understand that my deposit/registration fee (s) is NOT refundable under any circumstances.

In case of illness or accident, the individual shall have immediate care. I release and discharge the M pact Youth Inc. its staff, coaches and organizers of any liability for injury to my child resulting from or in any manner connected with my child's participation in the program. The League is also not responsible for articles of clothing, basketballs, Jewelry, sneakers or other personal belongings lost, misplaced, damaged or stolen.

In signing this -PRCOCCRRRF - document, I'm certifying that my child is in good health, with no chronic illness or abnormal tendencies.

I hereby wave my rights to bring any action, legal or otherwise against the Impact Youth Program, its staff or its organizers. I also understand that there are absolutely **NO refunds under any condition**. In addition, I authorize the staff of the Impact Youth Tournament to act for me according to their best judgement in any emergency requiring medical attention for my child. I have no knowledge of any physical impairment that would affect the above person's participation in playing basketball. I further understand that Impact Youth Tournament retains the right to use for publicity and advertising purposes, photographs and video taken at the game of my child (or me) with no compensation due. I hereby give my child permission to play.

Parent or Guardian Signature _____ Date: _____

Received by (League Official) _____ Date: _____

Write in date, price paid and initial to complete registration

Date:									
Price:									
Initial:									



Today's Date _____

Winter Summer

Participant's Name: _____ Amount Paid: _____

ABSOLUTELY NO REFUNDS!

Keep This Receipt For Your Record

Contact Number:

718-712-3350

Impact Rep.: