

2006 Fullcourt Press Spring League

PLAYER REGISTRATION FORM

(please print)

Name _____ School _____

Home Address _____

City _____ Zip Code _____

Phone () _____ e-mail _____

Grade 2005-06 _____ Height _____ Weight _____

Parent/Guardian _____

Please Mail \$195.00 Check (Make Checks Payable to "Fullcourt Press") and Completed Form to:

Dinos Trigonis, 3122 Theresa Street #1, Long Beach CA 90814

HEALTH AND BEHAVIOR GUIDELINES AND WAIVER OF LIABILITY

HEALTH INSURANCE CO. _____

Policy No. _____ Group No. _____

I understand that any Fullcourt Press Spring League participant who does not abide by the rules, regulations and policies established by the Fullcourt Press Spring League (FPSL) is subject to dismissal without reimbursement or recourse and I hereby waive and release the FPSL and SCBA Center (SCBA) from any and all liability for any injury or illnesses while participating in the league. I hereby authorize the directors of the FPSL and SCBA to act according to their best judgment in any emergency if I cannot be contacted. I understand that each league participant is required to have their own medical and accident insurance. I also understand that the FPSL retains the rights to use for publicity and advertisements purposes, photographs of league participants.

SIGNATURE OF PARENT OR GUARDIAN

WWW.FULLCTPRESS.NET