



# STUDENT-ATHLETE APPLICATION

**PLEASE CHECK DIVISION (MULTIPLE TEAMS WILL BE SELECTED IF POSSIBLE)**

<input type="checkbox"/> BOYS 3 <sup>rd</sup>	<input type="checkbox"/> BOYS 4 <sup>th</sup>	<input type="checkbox"/> BOYS 5 <sup>th</sup>	<input type="checkbox"/> BOYS 6 <sup>th</sup>	<input type="checkbox"/> BOYS 7 <sup>th</sup>
<input type="checkbox"/> BOYS 8 <sup>th</sup>	<input type="checkbox"/> BOYS 9 <sup>th</sup>	<input type="checkbox"/> BOYS 10 <sup>th</sup>	<input type="checkbox"/> BOYS 11 <sup>th</sup>	

## STUDENT-ATHLETE INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ GPA: \_\_\_\_\_ ACT: \_\_\_\_\_  
 Student Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Student Email Address: \_\_\_\_\_  
 Height: \_\_\_\_' - \_\_\_\_" Weight: \_\_\_\_\_ Shoe size: \_\_\_\_\_ T-shirt size: \_\_\_\_\_ Jersey size: \_\_\_\_\_ Shorts size: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Player's Mother: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
 Mother's Email Address: \_\_\_\_\_

Player's Father: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_  
 Father's Email Address: \_\_\_\_\_

## AUTHORIZATION

- By signing below, we DO DO NOT give consent for the student-athlete mentioned above to fully participate in the Charlotte Court Kentucky basketball organization and commit that said student-athlete will attend all practices, games and tournaments as set forth by the coach and organization.
- We further DO DO NOT agree to abide by the rules of the organization. We also understand that all fees are payable on the due dates set forth by the organization or team and that participation in fundraising activities is required. We further understand that all student-athletes are expected to maintain the academic standards set forth by the organization. Failure to meet any of the guidelines set forth by the organization may result in disciplinary action including removal from the team..
- We understand that it may be necessary for staff, coaches and/or parents of the organization to transport players from time to time within and outside of the Lexington area, and hereby DO DO NOT provide our consent.
- Our signatures below also DOES DOES NOT give permission for the student-athlete's picture, likeness, name, school, age, etc... to be displayed on the Charlotte Court Kentucky and tournament website(s), pages and publications.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Tryout: \_\_\_\_\_ BC: \_\_\_\_\_ GE: \_\_\_\_\_ GR: \_\_\_\_\_ SA: \_\_\_\_\_ Roster \_\_\_\_\_ Fee1: \_\_\_\_\_ Fee2: \_\_\_\_\_



# Participants, Team Representatives, and/or Parent/Guardian Release of Liability

## Please read before signing.

In consideration of being allowed to participate in any way in the clinics, boot camps, individuals and any other related activities ("Programs") provided by Charlotte Court Inc. or on the property of any facility or business in partnership, the undersigned acknowledges, appreciates and agrees that:

The risk of injury from the activities involved in the programs is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist.

I knowingly and freely assume all such risk, both known and unknown, even if arising from the negligence of Charlotte Court Inc. and any of its representatives and/or partners, sponsors, advertisers, ("Releases"), or others and assume full responsibility for my participation.

I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and immediately bring such to the attention of the nearest official or organization representative.

I, for myself, and the behalf of any of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Releases with the respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I, for myself, and on behalf of any of my heirs, assigns, personal property representatives and next of kin, hereby release, indemnify, and hold harmless all of the above Releasees from any and all liabilities incident to my involvement or participation in these Programs, even if arising from their negligence, to the fullest extent permitted by law.

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Parent/Guardian's Signature

Printed Name

Date



## Emergency Medical and Transportation Release Form

Participants Name \_\_\_\_\_ DOB \_\_\_\_\_

Complete Address \_\_\_\_\_

Fathers Name \_\_\_\_\_ Home/Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mothers Name \_\_\_\_\_ Home/Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**IN AN EMERGENCY WHEN PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:**

Name \_\_\_\_\_ Home/Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home/Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Bus Phone \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Bus Phone \_\_\_\_\_

Policy Holders Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN TRAVEL. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

I, \_\_\_\_\_ the undersigned parent/guardian of the above listed minor participant, acknowledge and fully understand that each participant will be engaging in activities that could involve risk of serious injury and that there may be other unknown risks not reasonably foreseeable at this time. I also acknowledge that I have record of a current physical examination given by a physician for the above listed participant, and he/she has been found physically capable of participating in this program. I hereby give my consent to have an athletic trainer, coach and /or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and /or treatment and agree to be financially responsible for the cost of such assistance and/or treatment not covered by program, when necessary.

Additionally I give permission for my child to be transported by coaches, staff or parents of the Charlotte Court Basketball organization for the purpose of participating in tournaments, practices and other activities involved in the mission of the organization.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: PLEASE ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**



## RELEASE OF INFORMATION

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, give permission for staff and coaches of the Charlotte Court Basketball organization to discuss, review and obtain records pertaining to my child, including academic records, progress reports and discipline reports at any time during the current school year.

Student-athlete's name: \_\_\_\_\_  
(Please Print)

Student-athlete's school: \_\_\_\_\_ Grade \_\_\_\_\_  
(Please Print)

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_