



_____ Last Name

Family Information

_____ () _____
 Father's Name Father's E-mail Father's Cell

_____ () _____
 Mother's Name Mother's E-mail Mother's Cell

_____ () _____
 Address Home Phone

_____ () _____
 Emergency Contact/Relationship Phone

_____ () _____
 Emergency Contact/Relationship Phone

Medical Release Information and Fees

_____ () _____
 Name of Health Insurance Company Group # Phone

Kindergarten thru 4th grade intramural Teams

	Athlete's Name	M/F	Grade	DOB	Medical Conditions	Fee	Clinic	
K-4						\$90	\$30	
						\$90	\$25	
						\$90	\$25	
								Clinic Fee
								Max. \$80

	Athlete's Name	M/F	Grade	DOB	Medical Conditions	Both	League	Norco	Clinic
5 th -12 th						\$270	\$150	\$120	\$30
						\$270	\$150	\$120	\$25
						\$270	\$150	\$120	\$25
						\$270	\$150	\$120	\$0

Camp T-Shirt (Free if registered by Nov.1st) Mark size or write # if more than 1 reg. w/same size.

Youth-Med ___ Youth Lrg ___ or Adult- Sm ___ Med ___ Lrg ___ X-Lrg ___

Payment Options: In Full by 11/15 1/3 balance due 11/15, 12/15 and 1/15

Please contact us if there is a financial hardship. Refunds for league and Norco tournament fees will be given minus \$50 if requested before 12/15/11. We apologize, but due to pre-payment of fees, no refunds can be given after 12/15/11.

Our family would like to participate in fundraising to help pay for our basketball fees. Yes No thanks

Our athlete(s) has/have our permission to participate in all activities related to the Heritage Christian School Basketball team including games, tournaments and travel. We certify that the athlete(s) has/have full medical insurance, and that the athlete(s) is/are physically fit to engage in the activities described above to the best of our knowledge. If, during the course of our son or daughter's activities with the club, he or she should become ill or sustain an injury, we hereby authorize emergency medical or dental care. We assume financial responsibility for the bills incurred through our insurance company. We further agree to the payment schedule and refund policy set forth above.

_____ Father's Signature _____ Mother's Signature _____ Date

Office Use Only: Cash Amount \$ _____ Check Amount \$ _____ Check # _____ Total Due \$ _____