



ESVA VIPERS



Player's Full Name:

Date of Birth:

Address:

Contact Number for Team Group Chat:

Email:

Current School and Grade 24-25:

Age:

Preferred to be Called:

Position:

Prior Experience (if any):

Height:

Weight:

Uniform Size:

Uniform # Preference (List 3)

Parent/Guardian:

Contact Number & Email:

Parent/Guardian:

Contact Number & Email:

Person to Contact in Case of an
Emergency:

Contact Number:

| PARENT COMMITMENT | | |
|--|---------------|---------------|
| Are you willing to travel to out of town tournaments? (circle one) If yes, are you willing to chaperone on overnight tournaments? | Yes Yes No | No |
| If yes, what percentage of tournaments do you estimate you'd attend? | More than 50% | Less than 50% |
| Are you willing to fundraise and/or solicit donations from the community and associates to help raise money for the team? | Yes | No |

| MEDICAL | INFORMATION |
|---|--------------------|
| <p>The coaches and staff care about each players health and safety. Therefore, we need to know of any medical conditions that they may have. Please list any prior injuries, current medications, or any other medical concerns that we should be aware of.</p> | |
| | |
| | |

I understand my child is participating with a travel basketball team and take full responsibility for all risk of injury that may occur.

Parent Signature: _____ Date: _____

Player Signature: _____ Date: _____



MEMBERSHIP APPLICATION FOR THE ESVA VIPERS, INC.



Name of Player: _____

I/We, _____, know of and acknowledge that my child/ward, _____, knows of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless the ESVA Vipers Incorporation, its founders, directors, coaches, parents and volunteers (collectively referred to as "ViperVortex"), of any and all responsibility and liability for any injury or claim resulting from participating in basketball with ViperVortex and agree to take no legal action against the aforementioned parties because of any accident or mishap involving my child/ward while under the supervision of ViperVortex, its founders, directors, coaches, parents or volunteers. I (do/do not) authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of

ViperVortex.

Furthermore, I grant the released parties the right to photograph and/or videotape my child/ward and further use said child's/ward's name, face, likeness, voice and appearance in connection with any exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

I/we have read this carefully and know it contains a release.

Name of Parent/Guardian (printed): _____ Date: _____

Signature of Parent/Guardian: _____

Name of Parent/Guardian (printed): _____ Date: _____

Signature of Parent/Guardian: _____