

Midnight Basketball League/Program, Inc.

"An educational, crime prevention program"

~REGISTRATION FORM~

PARTICIPANT NAME: _____

Address: _____
(First) (MI) (Last) City State Zip

SS#: _____ Him/Cell Phone: _____ Email: _____

Facebook: _____ Twitter: _____ Instagram: _____

Birthdate: _____ Age: _____ Gender: M/F Highest Level of Education COMPLETED: _____

Where/How did you hear about the program SPECIFICALLY? _____

Are you currently enrolled anywhere? Please list location(s): _____ Full Time/Part-Time

Are you currently employed? Y/N Please list location(s): _____ Full Time/Part-Time

Do you have any children? Y/N If so, how many? _____ Have you ever been convicted? Y/N

If yes, please explain in detail: _____

List 3 goals you would like to accomplish within the next 12mos: 1. _____ 2. _____ 3. _____
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List at least 3 of your skills (off the court): 1. _____ 2. _____ 3. _____

Additional Information you feel we should know:

EMERGENCY INFORMATION

In case of emergency, after attempting the above phone number(s); please list the name of each person who is authorized to act for the parent in an emergency:

Contact Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell/Pager: _____

PARTICIPANT INSURANCE/MEDICAL INFORMATION

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ Race: _____

Physician's Name: _____ Phone: _____ (required)

Insurance Coverage: _____ Group #: _____ Phone: _____

Name of Insured: _____ Relationship: _____

Hospital of Choice: _____

Do you have any **ALLERGIES** or **MEDICAL CONDITIONS** that should be considered? ___ Yes ___ No

If yes, please specify: _____

Are there any **SPECIAL INSTRUCTIONS** or **RESTRICTIONS** from your doctor? ___ Yes ___ No

List: _____

Our Mission: Above the R.I.M.; To Reach, Inspire, and Motivate individuals through sports (basketball). We will promote a continuous knowledge base and produce a high quality of life by developing character, relational skills, communication skills, and sound decision making skills through team work and dedication from the entire community and beyond.

HEALTH INFORMATION (This information is necessary to have on file in the event you should suddenly become ill. Please feel free to attach a separate sheet of paper listing any additional information that you feel would be helpful to the staff working with you/child..)

Please place a **CHECK MARK** by **ALL** conditions that may apply to you/ your child:

MEDICAL HISTORY

Ever had a reaction to a TB skin test / Been with anyone having TB / Ever been hospitalized / Ever had surgery

Any recent injury, illness, or infectious disease / Chronic or recurring illness or condition

Ever had emotional or psychological difficulties for which professional help was sought?

Which of the following has your child had? (circle all that apply)

Measles – Chicken Pox – German Measles – Mumps – Hepatitis – Varcella Zoster

My immunization records are on file at: _____ Work/School and are up to date.

Date of last doctor's visit _____ (mo/yr) Doctor's Name: _____

HEAD/CHEST

Frequent headaches / Ever had a head injury / Been knocked unconscious / Frequent ear infections

Has tubes in ears / Ever passed out during or after exercise / Ever been dizzy during or after exercise

Ever had chest pain during or after exercise / Ever had seizures, fits, or shaking spells?

DIAGNOSED CONDITIONS

Ever had high blood pressure / Ever been diagnosed with: heart murmur – diabetes - asthma (circle)

Had problems with diarrhea/constipation / Have any skin problems (i.e., itching, rash, acne)

Ever had a bladder - kidney infection (circle) / ADD or ADHD (circle)

ROUTINE MEDICATIONS

Please list **ALL** medications*, including non-prescription, taken routinely. The **MNBLP, Inc.** prefers that all medication be administered at home. However, if it is necessary, please send enough medication to last the entire duration. Keep it in the original packaging that identifies the prescribing physician (prescription drugs only), the name of the medication, the dosage, and the frequency of administration.

The participant takes medications on a routine basis: Yes No *(Attach a list of all routine meds & reasons)

~STATEMENT OF UNDERSTANDING, PERMISSION, & WAIVER~

You have my (or my child has) permission to participate in all Midnight Basketball League/Program, Inc. (MNBLP, Inc.) activities, including field trips and transportation where applicable. The health history provided is correct as far as I know, and my/my child's named above has permission to engage in all activities except as noted. I grant permission for MNBLP, Inc staff/volunteers to monitor my/my child's behavior and performance in school/work and to obtain copies of report cards, attendance, disciplinary, and other school/work records as it relates to program goals. I understand that I/my child are solely responsible for my/his/her actions. Therefore, if actions warrant, and me/my child's behavior is not acceptable (according to MNBLP, Inc guidelines), I understand that I/my child will be terminated from the program/sent home at any time and at my expense (if applicable). I grant permission for photographs, written/art work, quotes, videos or other media which may include me/my child, to be used in media releases which benefit the MNBLP, Inc. In the event of an emergency, I hereby give permission to the physician selected by the MNBLP, Inc to order x-rays, routine tests, and treatment for the health of myself/my child. In the event that I am not able to make decisions in an emergency, I give my permission to the physician selected by the MNBLP, Inc. to secure proper treatment for, hospitalize, and/or to order injections, anesthesia, or surgery if necessary. In the event it becomes necessary for the MNBLP, Inc. staff/volunteers to give consent for us, we agree to hold such person and the MNBLP, Inc. free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. By signing this form, I expressly assume the risk of damage or harm to person or property. Accordingly, neither the MNBLP, Inc. nor any of its agents, employees, volunteers, or invitees shall be liable to me or any of my family, agents, employees, volunteers, servants, or invitees for any damage to persons or property when and to the extent that any such damage or injury may be caused, either proximately or remotely, wholly or in part, by any act or omission, whether negligent or not, of the MNBLP, Inc. or any of its agents, employees, volunteers, or invitees or due to the condition, design, or defect in the building, it's mechanical systems, or its equipment.

My Name (Print)

My Signature

Date

The MBLP, Inc. is a non-discriminating organization and we welcome all participants regardless of race, sex, origin, or handicapping condition.