



**ROYAL FURY BASKETBALL REGISTRATION FORM**  
COMPLETE ONE FORM PER CHILD



Participant's Name \_\_\_\_\_

Age \_\_\_\_\_

Grade \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

**IN CASE OF EMERGENCY**

*Contact # 1*

*Contact # 2*

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**WAIVER OF LIABILITY RELEASE FORM**

I am aware of the nature of this activity and I hereby assume responsibility for \_\_\_\_\_  
(Participant's Name)

to participate and to be Video-graphed/photographed for Royal Fury. I will not hold the Royal Fury Basketball and/or its Volunteers responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the Royal Fury Basketball prior to participation in this program.

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

***Royal Fury Basketball use ONLY***

***Travel Fee: \$125***

***Developmental Fee: \$50***

***Amount Paid:***

***(Check #\_\_\_\_\_ ) ( Money Order) (Cash \$\_\_\_\_\_)***

***Receipt #\_\_\_\_\_***