

Jim Brogan's

Basketball Academy "Where basketball is more than just a game"

Enrollment Request Form

All spaces MUST be completed to participate in the program

Participant's Name _____

Parents' Names _____

Parents' Postal Address _____

Parents' Phone Number _____

Parent Email _____

Participant Email _____

Health and Medical History

Is your child in good health? Yes No

If no, please explain _____

Past Injuries _____

List all prescribed medications _____

Drug sensitivities _____

Allergies _____

Insurance Information

Insurance Company _____

Name of Policy Holder _____

Policy Number _____

Additional information we should be aware of _____

Emergency Information

Emergency Contact _____

Phone # _____ Cell # _____

PLEASE READ CAREFULLY: I hereby authorize the directors of Jim Brogan's Basketball Academy, to act for me in an emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician while attending these programs and to assume all costs related to such treatment. I waive and release any and all rights and claims for damages I have against Jim Brogan's Basketball Academy and Jim Brogan, Inc., the program facility or its representatives for damages which may be sustained by the participant while at or traveling to and from the program.

Parent Signature _____ Date _____