



Connecticut Cobras



MEMBERSHIP FORM 2012 BASKETBALL SEASON

www.ctcobras.com

Please Print

Player's Name:

Last _____ First _____

Street _____ Town _____

Zip _____ School Attending _____

Birth Date _____ Grade as of 01/01/12 _____ Player Age as of 01/01/12 _____

Basketball Position _____ Height _____

Phone _____ Cell _____

Mother's Name _____ Father's Name _____

E-Mail _____

Amount of check _____ Check # _____ Amount Owed _____

\$300 non refundable deposit due Friday November 12, 2011

Balance due March 1st 2012

Make Checks Payable to Connecticut Cobras. P.O. Box 375, Durham Ct.06422

Allergies/Medical Conditions/Medicines

I understand that participation in this (these) programs(s) involve risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Ct. Cobras, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability an account of injury, loss claim, or damage to my body, health, well-being or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release are applicable to any and all of my dependents that take part in this (these) programs (s). (Release applicable to phone registrations as well).

Signature of Parent/Guardin _____ Date _____