

**PITTSBURGH BUCKETS BASKETBALL 2020 SPRING/SUMMER PROGRAM NEW
PLAYER REGISTRATION FORM**

Players Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Work #: _____ Cell #: _____

Email address: _____

Tuition Fee to Accompany Forms- select an option below with a check mark :

- 1.) **\$500 + 20 TICKETS** - Includes shooting shirt and practice gear, approximately 30 practices (1-2 per week), and 5 Tournaments. Program runs from late February-March through end of June. Tickets are your responsibility. Must be sold. **Initial here _____**
- 2.) **\$650** – Includes all of the above *minus* any ticket sales.

****Uniform not included in Tuition fee.** If uniform is needed an **additional \$75 is required.**

To purchase a uniform **CIRCLE Yes or No**

*****NO REFUNDS*****

PLEASE CIRCLE PROPER CHOICES BELOW

Age: 10 11 12 13 14 15 16 17 18

Player Shirt Size: Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult XL, Adult XXL

Player Short Size: Youth Small, Youth Medium, Youth Large, Adult Small, Adult Medium, Adult Large, Adult XL, Adult XXL

Grade and School: _____

Please make check payable to *Pittsburgh Buckets or Justin Walther;*

PayPal- Pittsburghbuckets@gmail.com or Venmo-@PghBuckets

Check & Forms mailed to:

Justin Walther

3616 Trautman Street

Munhall, PA 15120

For Questions please contact Justin Walther at 412-401-6036 or

PittsburghBuckets@gmail.com

Pittsburgh Buckets Youth Basketball
Medical Release Form
(Please print clearly)

I hereby give permission for any and all medical attention necessary to be administered to my child, whose name is: _____ (“Player”) in the event of an accident, injury, sickness, etc. under the directions of the persons listed below until such time as I may be contacted. I am aware that participating in youth basketball is a potentially hazardous activity. I understand the risk to my child includes a full range of injuries from minor to severe, and that the result could be death, paralysis, or other serious permanent disabilities. I agree to accept his risks as a condition of my child’s participation. This release is effective for the time during which my child is participating in any preparatory practices, games, or tournaments related to my child’s participation in the Pittsburgh Buckets youth basketball program, including traveling to and from activities. I also hereby assume any and all responsibility for payment of any such treatment.

Parent or Guardian name: _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

My Insurance Provider: _____ Policy #: _____

Physician Name: _____ Phone #: _____

Name of Preferred Hospital: _____

Known Allergies or other pertinent medical information, such as current medication: _____

Other Emergency Contacts:

In case I cannot be reached, please contact:

Name: _____ Phone# _____ Relation: _____

Name: _____ Phone# _____ Relation: _____

I hereby give my consent, in the event of all reasonable attempts to contact the above designated parties have been unsuccessful, for:

- (1) The administration of any treatment deemed necessary; and/or
- (2) The transfer of the child to the requested hospital or another hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of a licensed physician deems the necessity for the surgery. I have renewed the registration packet and this consent form, and agree to its conditions on behalf of my child.

Signature of Parent or Guardian: _____ Date _____

Pittsburgh Buckets Youth Basketball

Release Form

(Please print clearly)

In consideration of being permitted to participate in the Pittsburgh Buckets youth basketball program, activity(s) and/or event(s) ("Program") at any time I, HEREBY waive, release, and discharge any and all claims for personal injury, death, or property damage which I may have, or which hereafter accrue to me, as a result of participation in the Program, in all its forms. The release is intended to discharge the Pittsburgh Buckets and its employees, volunteers, coaches, principals (including Justin Walther), sponsors, agents, and affiliates (collectively, "Pittsburgh Buckets") from any and all liability arising out of or in any way connected with my participation in said activity, even though such liability may arise out of the negligence or carelessness on the part of the Pittsburgh Buckets.

I FURTHER UNDERSTAND that sports involves an element of risk and danger of accidents. I assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold Pittsburgh Buckets free and harmless from any loss, liability, damage, cost or expense, in which they may incur as a result of my death, injury or property of damage that I may sustain while participating in the Program. Knowing the risks of participation, I hereby agree that I assume those risks and release and hold harmless Pittsburgh Buckets and its employees, sub-contractors, sponsors, agents, principals, and affiliates from all he and future claims that may be made by myself or my child who (through negligence or carelessness) might otherwise be liable for damages.

I FURTHER AGREE to give Pittsburgh Buckets the right to copyright and/or publish, reproduce, or otherwise use my name, voice, and likeness and/or photographs, and audiovisual recordings that include my child for instruction, advertising, program website, publications or any other lawful purpose whatsoever. I agree to relinquish all rights, title and interest I may have in the finished product.

Parental Consent: (to be completed and signed by parent/guardian if applicant is under 18 years of age). I hereby consent that my child, _____, may participate in the above Program and activities associated therewith, and hereby execute the above agreement, release and waiver on his/her behalf. I state that said child is physically fit and has no known medical conditions which prohibit participation in this sport and/or activity in conjunction with the Pittsburgh Buckets youth basketball program. I agree to indemnify and hold Pittsburgh Buckets free and harmless from any loss, liability, damage, cost, or expense, which may arise or may be incurred as a result of death, injury, or property damage that said minor may sustain while participating in the Program. Undersigned further expressly acknowledges that the foregoing agreement, waiver, and release form is intended to be as broad as is permitted by the laws of the Commonwealth of Pennsylvania, and that if any portion thereof is held invalid, it is agreed that the balance notwithstanding, continue in full legal force and effect. I agree to follow all laws, rules and guidelines regulating the conduction of the Program. Undersigned agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I have carefully read this agreement, waiver and release and fully understand its content. I am aware that this is a release of liability and a contract between the above entities and myself and my child. I am aware that the foregoing affects my legal rights and I sign it of my own free will.

Participant (print name)

DATE: _____

Parent or Guardian (Signature)

DATE: _____

Pittsburgh Buckets Youth Basketball
Photo Release Form
(Please print clearly)

Pittsburgh Buckets has my permission to use my or my child's photograph publically to promote the organization. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: _____ DATE: _____

Parent/Guardian's Name: _____

Participant Name: _____

Phone Number: _____