

# ART SADTLER BASKETBALL LEAGUE

## Head Coach Registration Form

PLEASE PRINT ALL INFORMATION

(Include this registration form in the packet with your player's forms, bring to coach's meeting or give to your school's AD)

Name of Coach \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
(Last, First)

Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

School \_\_\_\_\_ Grade \_\_\_\_\_ Boys or Girls

Email Address: \_\_\_\_\_

**Polo Shirt Size (Please Circle):**   **Adult Med**   **Adult Lrg**   **Adult XL**   **Adult XXL**  
(Head Coach receives free polo coach's shirt)

Any Allergies or Existing Medical Conditions?    Yes    No

If Yes, Please Explain

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No. \_\_\_\_\_

### **AGREEMENT:**

- 1) I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize members of Art Sadtler Basketball Program to obtain medical treatment for me in the event that the emergency contact cannot be reached.
- 2) I support Art Sadtler's Youth Sports Philosophy, which is based on participation, fun, physical fitness, health, skill development, teamwork, fair play and family involvement.
- 3) I will follow all rules and regulations of school and league play.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*