**Vipers Elite Basketball**

**Player Registration & Consent Form**

**Season:** 2025 Ohio | **Division/Grade Level:** Click or tap here to enter text.

**Team Name:** Click or tap here to enter text.

Each player’s parent/guardian must complete the following in order for the player to participate in the Vipers Elite Basketball Tournament.

1. **Parent/Guardian Name:** Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* **Player Name(s):** Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* **Primary Phone:** \_ Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* **Secondary Phone (optional):** \_ Click or tap here to enter text. \_
	* **Email:** \_ Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* **Relationship to Player:** \_ Click or tap here to enter text. \_\_\_\_\_\_\_
2. **Emergency Contact (if different from above):** \_ Click or tap here to enter text. \_\_
	* **Phone:** \_ Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* **Relationship to Player:** \_ Click or tap here to enter text. \_\_\_\_\_\_\_\_

**Medical & Liability Release**

By signing below, I acknowledge that:

1. My child has been cleared by a physician to participate in athletic activities.
2. I understand that participation in basketball involves certain risks, including but not limited to, injuries related to physical contact.
3. I release **Vipers Elite Basketball**, its organizers, coaches, and associated facilities from any liability for injuries, illnesses, or other incidents that may occur as a result of my child’s participation.
4. I agree that my child will follow all AAU and team rules, including but not limited to, codes of conduct and sportsmanship.

**Insurance Information**

* **Insurance Provider:** \_ Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Policy Number:** \_ Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Group Number (if applicable):** Click or tap here to enter text. \_\_\_\_\_\_\_

**Signature of Parent/Guardian (for each player)**

I, the undersigned, affirm that the above information is accurate and complete. I agree to all terms outlined in this registration form.

* **Parent/Guardian Signature:** \_\_ Click or tap here to enter text. \_\_\_\_\_\_\_\_\_
* **Date:** \_Click or tap to enter a date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Photo/Video Release (Optional)**

I authorize **Vipers Elite Basketball** and its affiliates to use photographs or videos of my child participating in team activities for promotional or instructional purposes.

* **Yes** (Initial here \_\_\_\_\_\_\_\_) | **No** (Initial here \_\_\_\_\_\_\_\_)