



Minnesota Comets Basketball

2010 Registration Form

Last Name: _____ First: _____ Age Exception: _____

Boys: Grade as of September 1, 2009. Girls: Grade as of September 1, 2009.

Age: _____ DOB: _____ Grade 09: _____

Address: _____ City, State: _____ Zip: _____

School Attending 09/10: _____ Coaches Names: _____

Parent/Guardian First and Last Name(s): _____

(if different than player's)

Address: _____ City, State: _____ Zip: _____

Player's Cell Phone: _____ Home Phone: _____

Mother's Cell/Work Phone: _____ Father's Cell/Work Phone: _____

Health Insurance (Carrier, insured's name, Policy Number): _____

Family Physician: _____ Phone #: _____

Family Dentist: _____ Phone #: _____

PLAYING FEES (\$100.00 drop fee withheld after Monday 12pm)

GIRLS: \$475 (Team Blue/White/North 5 In-State Tournaments) \$700 (Team Gold 7 In/Out-State Tournaments)

**BOYS: \$475 (Team Blue/White/North 5 In-State Tournaments) \$700 (Team Gold 7 In/Out-State Tournaments)
\$900 (Team Elite 9 In/Out-State Tournaments) < Elite Exposure Events**

Please make your check or money order payable to CMBC, Inc. You may submit your **PAYMENT** along with this **SIGNED REGISTRATION FORM** to a Comet Representative at the time of your scheduled tryout.

BIRTH CERTIFICATE: Must be **PHOTO COPY** of an official birth certificate. This is an AAU requirement for both boys and girls participation. There will be a boys Age Exception verification that will need to be completed by their school.

Please bring a reversable numbered jersey to tryouts.

Consent Waiver: I give my son/daughter permission to tryout and play for a "Minnesota Comet" team. I understand the fees that I am responsible to pay are due at the time of tryout. I further realize that if my son/daughter does not make a team, I will be refunded all monies which have been paid. I also know and accept the policy that there will be no refunds after the first team practice should my son/daughter decide not to play or is unable to participate for whatever reason. Additionally, I agree to release **Central Minnesota Basketball Club, Inc. (CMBC)**, also know as the "Minnesota Comets", and all participating school districts and gym sites of all liability related to accidents or injuries which might occur while my child is trying out or playing Comets basketball. I also give permission for emergency medical procedures to be administered if I cannot be contacted in the event of an emergency.

Parent/Guardian Signature: _____ Date: ____/____/2010

Medical Information: _____

