



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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_