

# The Key Sports and Leadership Institute

## Pre-registration Form

(a separate form must be submitted for each youth wishing to participate in TheKeySLI program(s))

### Participant Information

Participant's Name:

\_\_\_\_\_  
First Middle Last

Participant's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: F \_\_\_ M \_\_\_

\* proof of age/birth must be turned in with this form.

Location/Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

T-Shirt Size (circle one): Youth: S M L Adult: S M L XL XXL

### Please circle your best answer to each of the following questions:

Do you have any physical challenges or limitations to physical sports ? Yes No

Do you play on a basketball team? Yes No

If so, please list coach's name and location \_\_\_\_\_

When and where was you latest physical exam \_\_\_\_\_

What type of student are you? Great Fair Not-so-good

What level of basketball skill do you believe you have? Starter Beginner Not sure

How much time are you able to participate? Daily 2 week Once a week

What are your weaknesses? \_\_\_\_\_

What are your strengths? \_\_\_\_\_

What areas would you like to focus on?

Strength and Endurance

Techniques

Behavior

Breathing

Leadership

Team spirit

How did you hear about The Key Sports and Leadership Institute?

Word of Mouth

Coach Referral

Website

Newspaper

Friend

Other \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact Person(s) other than Parent/Guardian:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MEDICAL RELEASE AUTHORIZATION AND CONSENT FOR TREATMENT OF CHILD**

As parent or legal guardian of \_\_\_\_\_, I hereby authorize and give my consent for any medical emergency treatment or dental treatment for my son/daughter or child I am guardian of (listed above) should it be deemed necessary by a qualified medical doctor or dentist. In the event I cannot be contacted, I give the authorized The KeySLI coach and/or adult assistants the authorization to act on my behalf should a medical or dental emergency arises while participating in a Key SLI activity or event.

**LIABILITY WAIVER**

WAIVER: I, for myself, and/or as a parent, guardian, or user, hereby assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I release, absolve, and indemnify the The Key Sports and Leadership Institute, employees of The KeySLI, volunteers, contractors, and/or sponsors, from all risks and hazards associated with the activities and in the event of an injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by The Key Sports and Leadership Institute unless otherwise stated.

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For questions or to become a volunteer, please call 267-225-1918 /267-992-2625***

**Online Form 02112015**