

**INTEGRITY SPORTS  
REGISTRATION AND WAIVER FORM**

FULL NAME:

\_\_\_\_\_

PREFERS TO BE CALLED: \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ADDRESS:

\_\_\_\_\_

PARENTS CELL # \_\_\_\_\_ UNIFORM SIZE: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

PLAYER'S CELL# \_\_\_\_\_

PARENT(S) NAME:

\_\_\_\_\_

SCHOOL: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICAL DISABILITIES, IF ANY: \_\_\_\_\_

I/We, as the parents of the player listed above on the TENNESSEE HEAT travel basketball team, comprehend the nature and objectives of the INTEGRITY SPORTS organization. The coaching staff will offer supervised basketball training, recreational activities, coaching, and supervision during events. I/We hereby grant my/our approval for his/her participation in all activities organized by the organization throughout the current season.

INTEGRITY SPORTS aims to offer organized basketball training and guidance, fostering the development of participants as improved basketball players, teammates, and individuals. The organization schedules practices and games on diverse floors, necessitating suitable footwear. Every coach in the program has undergone a background check, ensuring a qualified and trustworthy coaching staff.

I/We assume all risks and hazards incidental to conducting and participating in the activities. I/We waive, release, absolve, indemnify, and agree to hold harmless the Integrity Sports Organization, coaches, organizers, sponsors, schools, representatives, referees, and supervisors for any claim arising from injury to my/our child. I/We also hereby waive any claim against any person transporting my/our child to or from practice sessions, games, or other activities of said organization. I/We will furnish a certified birth certificate of the child named above before the start of the AAU season.

HEALTH OR MEDICAL ISSUES? YES OR NO IF YES, EXPLAIN BELOW.

EMERGENCY CONTACT:

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NAME OF MEDICAL INSURANCE COMPANY

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POLICY AND GROUP NUMBER

EXPIRATION DATE

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THE UNDERSIGNED VERIFIES THAT THIS INFORMATION IS TRUE AND AGREES TO THIS WAIVER.

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Signature of Parent/Guardian

Date

Balance