ART SADTLER BASKETBALL LEAGUE
Coach's Registration Form

PLEASE PRINT ALL INFORMATION
(Include this registration form in the packet with your player's forms, bring to coach's meeting or give to your school's AD)

Name of Coach_____ Sex _____ Birth Date _____ Age _____
(Last, First)

Address _____ Phone No. _____
(Street)

_____
(City, State, Zip)

School _____ Grade _____ Boys or Girls

Email Address: _____

Coaching Position (Please Check): Head ☐ Assistant ☐

Any Allergies or Existing Medical Conditions? ☐ Yes ☐ No

If Yes, Please Explain
_____

_____

Emergency Contact _____ Relationship _____

Phone No. _____

AGREEMENT:

1) I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize members of Art Sadtler Basketball Program to obtain medical treatment for me in the event that the emergency contact cannot be reached.
2) I support Art Sadtler's Youth Sports Philosophy, which is based on participation, fun, physical fitness, health, skill development, teamwork, fair play and family involvement.
3) I will follow all rules and regulations of school and league play.

_____ _____
Signature *Date*