

Ohio Storm Basketball Registration Form



Player Information

First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____
DOB ____ / ____ / ____ Current Grade _____ School System _____
Top 3 Choices for Uniform # _____

Parent/Guardian Information

First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Text: Yes or No
Email _____

Liability Waiver

I, the parent/guardian for the above child, release, discharge and/or otherwise indemnify Ohio Storm, it's affiliated sponsors, employees and associated personnel (including the owners of the playing facilities utilized) against any claim on or on behalf of the registrant as a result of his or her participation.

Parent/Guardian Signature _____ Date _____

Consent for Medical Treatment

I, the parent/guardian for the above child, hereby give my consent to have a coach, athletic trainer, emergency personnel and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian Signature _____ Date _____

Pictures or video may be taken of participant for use in program publicity. ☐ Please check, if you do not approve

For Office Use Only

Jersey Size	Youth - S M L XL 2XL 3XL	Adult - S M L XL 2XL 3XL	Fee Paid: \$ _____
Shorts Size	Youth - S M L XL 2XL 3XL	Adult - S M L XL 2XL 3XL	Check # _____
Shooting Shirt Size	Youth - S M L XL 2XL 3XL	Adult - S M L XL 2XL 3XL	Cash Rec. # _____