



Loudoun Triple Threat

Application & Registration

Please Complete All Information and Sign Where Applicable

PLAYER INFORMATION *Copies of birth certificates required for all participants.*

Name: _____ Age: _____ Birth Date: _____
School: _____ Grade: _____ Gender: _____
Home phone: _____ Email: _____

Please list previous basketball league experience and position(s) played:

Please list other commitments, sports and activities that will affect your availability to attend all Loudoun Triple Threat games and practices, including out-of-town tournaments:

PARENT INFORMATION *Loudoun Triple Threat needs parents to help when necessary and your participation is encouraged and appreciated.*

Father: _____	Mother: _____
Address: _____	Address (if different): _____
Town & Zip: _____	Town & Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
* Email Address(es): H _____ W _____	* Email Address(es): H _____ W _____

* Provide Email Address(es) where you would like to receive Loudoun Triple Threat messages.

Emergency Contact (other than parents): _____ Relationship: _____
Phone Number: _____

MEDICAL INFORMATION

Family Doctor: _____	Phone Number: _____
Insurance Company: _____	Phone Number: _____
Insurance ID Number: _____	Insurance Group Number: _____

List Medical Problems (Including Allergies):

List Medications Taken on a Regular Basis:

LIABILITY WAIVER

I do hereby grant permission for the above named youth to participate in any and all Loudoun Triple Threat activities. I understand that risk of injury exists in the participation of these activities, as well as during transportation to and from activities. I hereby assume all risks and hazards incidental to such participation, including transportation to and from such activities. I also hereby waive, release, discharge, absolve, indemnify and agree to hold harmless Loudoun Triple Threat and its respective coaches, assistants, agents, players, parents, guardians, sponsors, supervisors, participants and volunteers from any and all claims for damage or injury arising from any activities of this sports program or the transportation to any activities. In the case of an emergency outside of my presence, I grant permission to the hospital and staff to provide any treatment that Certified Emergency Personnel (i.e. Emergency Medical Technician, Emergency Room Physician, etc.) deem necessary for the well being of my youth. I understand that I, or my insurance company, will be responsible for the associated medical fees/bills.

Parent or Legal Guardian

Parent or Legal Guardian

Date: _____

Date: _____

WEB PERMISSION

Loudoun Triple Threat frequently recognizes winning teams and outstanding players on the organization website and in press releases and other publications. Parents please initial in one of the spaces below to indicate your permission to allow the use of your child's photo and/or name in these activities.

Yes: _____ No: _____

INFORMATION

- Application & Registration Forms are due at tryouts for new players and annually for existing players. Potential team members will be notified after tryouts as to whether they will be invited to play on a team.
- Age eligibility for a Girls Team is determined by date of birth and grade. Permission to play up an age level is at the discretion of the Loudoun Triple Threat Director and Coaches.
- Age eligibility for a Boys Team is determined by age as of September 1, along with grade level determination.
- Copies of birth certificates are then due within one week of an invitation to play on a Loudoun Triple Threat team.
- Team fees and due dates will be determined by Coaches. Checks for fees should be made out to "Loudoun Triple Threat" and forwarded to Steve Metz, Treasurer, 14351 Rosefinch Circle, Leesburg, VA 20175.
- Coaches must provide copies of all completed Application & Registration Forms to the Loudoun Triple Threat Treasurer.
- For more information about Loudoun Triple Threat, please visit www.loudountriplethreat.org.