



GTTBA Registration

First Name _____ Last Name _____

Phone _____ Alternate Phone _____

Address _____ City _____ State MN Zip _____

Present Grade ____ School Presently Attending _____ Birth Date _____

Mother's Name _____ Father's Name _____

Please indicate what activities you would like to **volunteer** for:

____ Coach ____ Assistant Coach ____ Team Parent ____ Scorekeeper

I, the parent or guardian of the above named candidate for the Girls Traveling Tornadoes Basketball Association's (GTTBA) athletic program, do hereby give my consent for the above to participate in any and all GTTBA activities during the current season. I assume full risks and hazards incidents to such participation and waive, release, absolve, indemnify and agree to hold harmless the GTTBA and any other cooperating associations or organizations, supervisors, sponsors, coaches, participants and persons transporting my child or children to or from activities, for any claim arising out of injury.

I realize that no guarantee is made that my child will be placed on the team requested. I also give my permission for the GTTBA to use our name, address and phone number for roster purposes.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Email Address _____

Fee Paid - Amount \$ _____ Check No. _____

Cash (Y/N) _____