



2023-2024 Powerhouse Warriors Instructional Basketball League Registration Form

Participant Name: _____ Date of Birth: _____

Any nickname or prefers to be called by: _____

Age: _____ Grade: _____ School: _____ Jersey Size: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Parent (or guardian) name: _____

Parent (or guardian) phone number(s): _____

Parent (or guardian) email: _____

Which grade division would you like to play in?

3rd – 4th (ABA) _____

5th – 6th (CBA) _____

7th – 8th (NBA) _____

Medical Waiver and Release

The Powerhouse Warriors Basketball, and any facilities where tryouts, practices, or non tournament games will be played will assume no liability for injury or damages arising from the results of the above named athlete's participation unless due to the willful misconduct or gross negligence on the part of Powerhouse Warriors Basketball, its affiliates, or agents. Due to the strenuous nature of basketball, the athlete participating and their parents and/or guardians are urged to consult their physician concerning the athlete's fitness to participate. Basketball presents certain inherent risks and hazards, which the participating athlete is urged to consider and which ones the athletes assumes.

I hereby approve of the participation of my child, the above named athlete, in the Powerhouse Warriors Basketball program and consent to the emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions which will interfere with my child's participation.

Signature of Parent/Guardian: _____ Date: _____

Payments accepted: ☐ Cashapp (\$denysself) ☐ Venmo (@Joel-Johnson-357) ☐ Cash ☐ Check or ☐ PayPal
(@powerhousebball@gmail.com) ☐ Credit card

Checks can be mailed to Powerhouse Warriors P.O. Box 621 Supply, NC 28462

Credit card payments can be issued up request by contacting Coach Joel at 910-274-6701.