



JOINONE

BULLS



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BULLS

PLAYER’S LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLAYER’S FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE \_\_\_\_\_\_\_\_\_\_\_\_\_ZIP \_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE \_\_\_\_\_\_\_ MALE/FEMALE \_\_\_\_\_\_\_

REGISTRATION FEE $50.00

MONTHLY FEE $20.00

LIVES WITH: FATHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MOTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BOTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMERGENCY CONTACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIST ANY MEDICAL CONDITION OR PROHIBITION PLAYER HAS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSON TO NOTIFY IN EMERGENCY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF YEARS PLAYED \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JERSEY SIZE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER HEREBY GIVE APPROVAL FOR PARTICIPATION IN ANY AND ALL THE ACTIVITIES. I HEREBY GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER

REPRESENTATIVE TO AUTHORIZE AND OBTAINMEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED WHILE PARTICIPATING IN LEAGUE

ACTIVITIES AWAY FROM HOME, OR WHEN NEITHER PARENT OR LEGAL GUARDIAN IS AVAILABLE TO

GRANT AUTHORIZATION FOR EMERGENCY TREATMENT. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL

TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND DO HEREBY

WAIVE, RELEASE, ABSOLVE, IDENTIFY AND AGREE TO HOLD HARMLESS THE JOINONE ANTI-BULLYING

ORGANIZATION, SPONSORS, SUPERVISORS,PARTICIPANTS AND PERSONS TRANSPORTING THE PLAYER TO

AND FROM THE ACTIVITIES, FOR ANY CLAIMS ARISING OUT OF INJURY TO THE PLAYER. I/WE PARENT,

GUARDIAN OR PARTICIPATE OF THE ABOVE NAMED CANDIDATE, DO HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ALL ACTIVITIES. I AGREE TO RETURN ANY UNIFORM OR EQUIPMENT ISSUED TO

MY SON/DAUGHTER AT THE END OF THE SEASON, AND FURTHER AGREE TO PAY FOR ANY EQUIPMENT OR

UNIFORM LOST OR NOT RETURNED.

SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT OR GUARDIAN

THIS RELEASE FORM MUST BE SIGNED BY THE PARENT or GUARDIAN (Any questions call (832) 902-1124 ask for Mr. Tim)

Checks or Money Order

Please Note: Make the checks and money order out to JoinOne Anti-Bullying Organization

The ARTIST TEEBO JoinOne Anti-Bullying Organization mission is to promote a sense of self confidence, individuality and protect those susceptible to insults, harassment, and attacks by their peers through music, dance and education thereby enabling them to live a life free from fear and seclusion in their homes, schools, and public.