



SHREVEPORT FORCE BASKETBALL

2025-2026 REGISTRATION FORM

Player Information

Name _____ Birth Date _____ Grade _____ Age as of September 1 _____

Parents/Guardians _____

Address _____ City _____ State _____ Zip _____

Dad Cell _____ Dad Email _____

Mom Cell _____ Mom Email _____

Church Membership _____

Emergency Contact _____ Emergency Phone _____

Does your child have medical insurance coverage?

Yes

No

CONSENT FOR MEDICAL TREATMENT: I, _____ the parent/guardian of _____ hereby grant permission for any Force coach/participating parent to seek emergency medical treatment in case of injury or accident incurred by my child while participating in a sports event with the FORCE.

LIABILITY RELEASE: I understand the FORCE, each of its coaches, parents, and representatives, as well as any sports facility utilized for FORCE sporting events shall not be liable for any mistake of judgment, negligence, or otherwise except in the event of their own individual willful misconduct. Additionally, I understand that basketball is a contact sport and that as such, there is the potential for the transmission of communicable diseases such as cold, flu, and corona viruses. I hereby agree, for myself and my child, to hold harmless Shreveport Homeschool Sports, The FORCE, each of its coaches, parents, and representatives, as well as any sports facility utilized for FORCE sports events, against all claims, loss, damage, injury, and liability, however caused, or in any way connected with my child's participation in FORCE Basketball or related activities.

ACCEPTANCE OF POLICIES: Both my child and I have read and accept the terms of participation and attendance at FORCE events as explained in this form and the Policy Statement available at shreveportforce.com.

Team registering for:

Middle School (\$300)

High School (\$500)

Parent Signature _____

Date _____