

# Inner Circle Sports, Inc



## REGISTRATION PACKET 2012

### Registration Packet Includes:

Athlete Information Form  
Emergency Contact Form  
Parental Media Release Form

-WWW.ICSPORTSINC.COM-

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Event \_\_\_\_\_

ANNT: REGISTRATION DEPARTMENT  
6803 S. WESTERN AVE, SUITE 405  
OKLAHOMA CITY, OK 73139

Fax: 405.631.2789

# Inner Circle Sports Athlete Information Form

## Personal Information

Athlete's Name: \_\_\_\_\_ Sex: M/F (circle)

Parent (s) / Guardian(s) Name: \_\_\_\_\_

Birth Date: \_\_/\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Positions(s): \_\_\_\_\_

Have you played organized sports before? Y/N

Do you suffer from any condition that would impair your athletic performance?  
Y/N

If yes explain in detail:

\_\_\_\_\_  
\_\_\_\_\_

## School Information

Schools Name: \_\_\_\_\_ City: \_\_\_\_\_

Schools Phone: \_\_\_\_\_ Coaches Name: \_\_\_\_\_

Shirt size: \_\_\_\_\_ Summer League team: \_\_\_\_\_

## Contact Information

Parent Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Client cell phone \_\_\_\_\_

Address: \_\_\_\_\_

(street)

(city)

(zip)

Parent Email: \_\_\_\_\_

Athlete Email (if applicable): \_\_\_\_\_

What athletic skills do you feel need the most attention? Please  
explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Medical Release Form**

*Inner Circle Sports, Inc.*

6803 S. Western Avenue, Suite 405 Oklahoma City, OK 73139

Phone: 405.708.8117 Fax: 405-631-2780

Email: icstaff@icsportsinc.com Website: www.icsportsinc.com

**ICS Release Waiver**

**WAIVER, RELEASE, ASSUMPTION OF RISK**

I understand that my participation in AAU, ICS Camps/Clinics, events, and/or Oklahoma Thoroughbreds traveling basketball team involves Risk and dangers of serious and permanent bodily injury and death. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue AAU, ICS, or Oklahoma Thoroughbreds, Advantage Basketball, ICS Coaches, Officials, Volunteers, Agents, Sponsors, Advertisers, Owners/Leasers of Premises for all liability from my participation in these and any other related travel, lodging, social/recreational activities. I also understand Inner Circle Sports (ICS) and all the mentioned above retains the right to use for publicity and advertising, photographs and video taken of the participants.

**Medical Release**

I have given my daughter/son permission to participate in the ICS events or teams, and I certify that she/he is in good health and can take part in all camp activities. If an injury occurs, I authorize the camp staff members to take all proper action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the personnel to take action.

Participant's Name: \_\_\_\_\_

Participant's Date of birth: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Thank you for completing your Inner Circle  
Sports Registration Packet.

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We look forward to working with you and  
helping you reach your athletic potential!

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Please fax or mail your packet to us today!

Attn: ICS Registration Dept  
6803 S. Western Ave Ste.405  
Oklahoma City, OK 73139  
Fax (405) 631-2780

