



New Student File / Score Registration (Please Print)

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

Name: \_\_\_\_\_ Student Cell: \_\_\_\_\_ Age of Student: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Home #: \_\_\_\_\_ Address: \_\_\_\_\_

City /State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Dad's E-Mail: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Mom's E-Mail: \_\_\_\_\_

What do you want your child to improve upon the most? \_\_\_\_\_

(Name of Child) \_\_\_\_\_ has my permission to participate in the Score program. I, undersigned, hereby release and hold harmless the Coaches, Trainers, Score and any associated sponsors from any and all claims and liability for personal injury arising from participation in the Score programs. I certify my child to be physically able to participate in all activities and authorize any necessary medical, diagnostic / hospital, procedures as may be performed or prescribed by a licensed physician.

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

Physician Name: \_\_\_\_\_ Phone # of Physician: \_\_\_\_\_

100% Coaching Guarantee:

At Score, we will never cancel a lesson with a student. To insure adequate staffing we use an automatic recurred billing system. If you need to miss a practice, we will allow you to make it up if times are available. If you need to cancel your membership with Score Basketball at any time, you must provide 30 days written notice in advance of the cancellation so that we may adjust our staff accordingly.

Payment Method / Credit Card Type:

(Circle One): VISA MASTERCARD DISCOVER AMEX

Name as it appears on the card: \_\_\_\_\_

CC #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

I understand that my monthly membership dues will come out automatically each month until canceled. I authorize Score Basketball to process these payments for my membership. I understand that there is a 30 day cancellation policy and that I must provide 30 days notice prior to cancellation.

Table with 4 columns and 6 rows for payment details (Month of year, Program, Bonus, Refreshments, Total, Date Collected).

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Date: \_\_\_\_\_ Customer Service Notes: \_\_\_\_\_
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Customer ID: \_\_\_\_\_