GREATER MIDLAND COMMUNITY CENTER
CCL BASKETBALL PROGRAM 2025-2026
PARENT PERMISSION/PLAYER CONTRACT

TEAM NAME: _____ **GRADE:** _____

PLAYER: _____ **BIRTHDATE:** _____

ADDRESS: _____ **ZIP CODE:** _____

PHONE NUMBER: _____ **SCHOOL:** _____

Disclaimer: *My child agrees to play with the above-mentioned team for the current season in accordance with the rules of the league. The Greater Midland Community Center does not furnish accident/illness medical insurance. All Medical and any other related bills due to injury or sickness while participating in this program will be the responsibility of the participant's parent/guardian. I approve this application and certify that my child is in good health. The Greater Midland Community Center has my permission to use any photographs taken for its annual promotions. My signature below signifies that I have read and agree to all the conditions of this application.*

PARENT'S/GUARDIAN'S SIGNATURE: _____

DATE: _____ **E-MAIL:** _____

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