

# West Boylston Youth Basketball

## 2011-2012 Season - 1<sup>st</sup> - 8<sup>th</sup> Grade Registration Form

### Girls & Boys

Registration fee: (Check One) \_\_\_\_\_ \$65.00 (per child) \_\_\_\_\_ \$130.00 (max. per family)

Registration will be held at the Major Edwards Elementary School Lobby  
Wednesday Nov. 2 and Thursday Nov. 3 – 6:30 pm to 8:00 pm

Return this completed form with payment. One form per child

Make checks made payable to: West Boylston Youth Basketball (WBYBB)

**PARENTS: PLEASE sign and date the Release Form on the next page and return with this registration form.**

Player Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Name and Phone \_\_\_\_\_

Medical Problems or Allergies? \_\_\_\_\_

***Release form on the back side must be signed by Parent/Guardian***

### Volunteers Needed (Basketball Experience not required)

I would like to: \_\_\_\_\_ Head coach \_\_\_\_\_ Assistant coach \_\_\_\_\_ Help with the League

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

CONSENT TO PLAY AND CONSENT FOR MEDICAL RELEASE: I the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of West Boylston Youth Basketball, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports and in consideration for West Boylston Youth Basketball accepting the registrant for its basketball program and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify West Boylston Youth Basketball, its affiliated organizations, sponsors and their employees and associated personnel, including the owner of the facilities utilized for the programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same which transportation I hereby authorize.

As parent or Legal Guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Parent/Guardian's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

For more info go to - [www.westboylstonsports.com](http://www.westboylstonsports.com)

