

SEQUENCE NO. _____

MUNSTER YOUTH BASKETBALL REGISTRATION FORM

BOY _____	GIRL _____
GRADE _____	

PLEASE PRINT CLEARLY

CHECK # _____

DATE _____ AMOUNT _____

If did <u>not</u> play last yr <input type="checkbox"/> ()
--

PLAYER'S **FIRST** NAME _____

PLAYER'S **LAST** NAME _____

If new <input type="checkbox"/> ()
--

ADDRESS _____

CITY _____ ZIP _____

If new <input type="checkbox"/> ()
--

PHONE _____ DAYS I CAN NOT PRACTICE _____

GENERAL COMMENTS _____

SCHOOL _____

BIRTHDATE _____ FATHERS FIRST NAME _____ MOTHERS FIRST NAME _____

E-MAIL ADDRESS _____

HEIGHT _____" **INCHES** WEIGHT _____ **lbs.** WILL PLAY: _____ SCHOOL TEAM _____ AAU

UNIFORM SIZES **CIRCLE BELOW**

SHIRT **YS** **YM** **YL** **AS** **AM** **AL** **AXL** **AXX** **AXXX**

SHORTS **YS** **YM** **YL** **AS** **AM** **AL** **AXL** **AXX** **AXXX**

(Boys 2-6 & Girls 3-9 Only)

I UNDERSTAND THIS LEAGUE IS UNDER THE DIRECTION OF THE MUNSTER SCHOOL PROGRAM. THE COACHES, OFFICIALS, AND DIRECTORS ARE NOT RESPONSIBLE FOR ANY INJURIES WHICH MAY OCCUR. *I HOLD HARMLESS THE MUNSTER SCHOOL SYSTEM AND THE MUNSTER YOUTH BASKETBALL PROGRAM DIRECTORS FOR ANY INJURIES TO MY CHILD WHILE PARTICIPATING IN THE PROGRAM.* I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PROGRAM. PARENTS ARE RESPONSIBLE FOR ANY MEDICAL EXPENSE THAT MIGHT BE INCURRED BY A PLAYER OR SPECTATOR. A PLAYER THAT EXHIBITS BEHAVIORAL CONDUCT THAT IS NOT IN THE BEST INTEREST OF THE TEAM OR THE LEAGUE MAY BE DISMISSED FROM FURTHER PARTICIPATION, WITH NO REFUND, AT THE LEAGUE'S DISCRETION. **I ALSO UNDERSTAND NO REFUNDS WILL BE GRANTED FOR ANY REASON AFTER REGISTERING MY CHILD FOR THE PROGRAM.**

PARENTS SIGNATURE _____ DATE _____

(MUNSTER YOUTH BASKETBALL IS A NON PROFIT ORGANIZATION)

OFFICIAL WEBSITE: WWW.MUNSTERYOUTHBASKETBALL.COM