

GRAND TERRACE YOUTH BASKETBALL

REGISTRATION FORM

20__ SEASON

TEAM : _____		DIVISION: _____	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	APPLICATION # _____	
Birthdate: _____	Age: _____	Grade: _____	Birth certificate verified YES <input type="checkbox"/> NO <input type="checkbox"/>
Height _____	Weight: _____	Shirt size: Adult - S M Lg XL	Short Size Adult - S M Lg XL
Years Played in organized Basketball _____	Youth - S M Lg XL		Youth - S M Lg XL

PLAYER INFORMATION Please Print

Players Last Name : _____ First Name : _____ Middle Initial : _____

Street Address: _____ City: _____ Zip code: _____

Father's name: _____ Circle one : Father Step Father Guardian Home number Cell _____

Mothers's name: _____ Circle one : Mother Step Mother Guardian Home Number Cell _____

Email Address _____

MEDICAL RELEASE AND PARENT MEDICAL TREATMENT AUTHORIZATION

Name of Family Insurance / Doctor _____ Policy Number _____ Phone No. _____

List any medical condition or physical limitations the child has that the league needs to be notified about:

Person to notify in case of an emergency: _____ Relationship _____ Phone No. _____

CONSENT FOR MEDICAL TREATMENT (A MINOR)
 As the parent/guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Medical Doctor (M.D.) or Dentist (DDS). This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature: _____ Parent / Legal Guardian (circle one) Date: _____

I, _____ (Print name) as parent / legal guardian (circle one) of the registrant, a minor, and registrant agree to abide by the Rules and Regulations of the Grand Terrace Youth Basketball, its affiliated organizations, and sponsors. In consideration for the Grand Terrace Youth Basketball accepting the registrant for its basketball programs and activities and recognizing the possibility of physical injury associated with/or resulted from basketball, I hereby release, discharge, defend and/or indemnify and save harmless the Grand Terrace Youth Basketball, its affiliated organizations, sponsors, their employees, and associated personnel, including the owners of the fields, courts, and facilities utilized as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I have or have not authorized, from and against any and all actions, claims, liability, expense, losses or damages from said activity.

Signature: _____ Relationship: _____ Date: _____

PARENTAL SUPPORT Coach Assistant Coach Team Parent Board member Sponsor Referee

Parental support is crucial for a successful basketball season for the children. At certain times during the season, it will be necessary for your team to assist at the concession stands. Also, please indicate above at what capacity you are interested in participating for the league. Parent's Initial: _____

REQUIRED FUNDRAISER / WAIVER AGREEMENT

(Please check one)

I agree to participate and complete all fundraisers that the League requires for the season. I understand that by not fulfilling this obligation, it may result in League action.

In lieu of the required fundraisers, I agree to pay **\$40.00** to fulfill my obligation.

Signature: _____ Date: _____

I UNDERSTAND THAT MY REGISTRATION FEE OF \$ _____ IS NON-REFUNDABLE AND A \$35.00 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.

Signature: _____ Date: _____

Registration fee paid	\$ _____	Cash _____	or/and Check # _____
Fund-raiser wavier paid	\$ _____	Cash _____	or/and Check # _____
Signature of League Official:	_____		Date: _____

LEAGUE USE ONLY

Distribution : **White - Player Agent** **Canary - Treasurer** **Gold - Coach** **Pink - Parent/Guardian Receipt**