

**WEBSTER WINTER BASKETBALL LEAGUE REGISTRATION FORM**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Adult Shirt Size (S, M, L, XL, 2XL): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Division Requested: \_\_\_\_\_ Years of Basketball Experience: \_\_\_\_\_

Grade Entering 2017 Fall: \_\_\_\_\_ Position: \_\_\_\_\_

2017-2018 School: \_\_\_\_\_ School Attending Next Fall: \_\_\_\_\_

Did you play in this League last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you know of anyone interested in coaching in the League? \_\_\_\_\_

If so, who? Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the parent of the above son/daughter or I the above player (if age 18 or older) give my approval to participate in the Webster Basketball League and all its activities. I do assume all risks and hazards related to participation including transportation to and from League games. I hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Webster, all involved with the Webster School Department, League Director and Staff, Game Officials, other participants and persons transporting my son/daughter to the League games, for any claim resulting from any athletic, dental or bodily injury that may occur to my son/daughter while attending a League game.

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player's Email Address: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$100.00 Fee – Cash or Certified Money order- No personal Checks

**\*\*\$80.00 SIBLING DISCOUNT \*\*****League Use Only:**

Division: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Fee Info: Method: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_