League Use Only	
Division:	

## WEBSTER BASKETBALL LEAGUE REGISTRATION FORM

Name:			
Address:			
City:	State:	Zip Code:	
Phone: Date of Birth:		Height:	
Male: Female:	Adult Shirt Size (S, M,	L, XL, 2XL):	
Emergency Contact:			
Relationship:	Phone:		
Division Requested:	Years of Basketball Experience:		
Grade Entering 2019 Fall:	Position:		
2018-2019 School:	School Attending Next Fall:		
How did you hear of us? Newspaper	WebsiteSchool Fl	yer Friend	
Did you play in this League last year?	Yes	No	
Do you know of anyone interested in coaching	g in the League?		
If so, who? Name:	Phone:	_	
I, the parent of the above son/daughter or I the above player Basketball League and all its activities. I do assume all risk from League games. I hereby waive, release, absolve, inder with the Webster School Department, League Director and Son/daughter to the League games, for any claim resulting son/daughter while attending a League game.	s and hazards related to particip mnify and agree to hold harmles Staff, Game Officials, other part	sation including transportation to and as the Town of Webster, all involved icipants and persons transporting my	
Player's Signature:		Date:	
Player's Email Address:			
Parent's Signature:		Date:	
\$125.00 Fee – Cash or Certified	d Money order- No per	sonal Checks	
☐ Check Here to Bundle both WBL and Swed	nt & Desire Camp togeth	ner for \$200.00 Saving \$100	
Leagu	e Use Only:		
Division: Name:		Grade:	
Fee Info: Method:	Received By:	Date:	