



**YWCA of Alexandria-Pineville Youth Basketball League
PLAYER REGISTRATION FORM**

**Due by: December 30, 2017
League Dates: January 29-March 10**

PARTICIPANT INFORMATION:

Name: _____ Age: _____ Birthdate: _____

Street Address: _____

City/State/Zip: _____

Gender: Male Female T-shirt Size: YS YM YL AS AM AL

PARENT/GUARDIAN INFORMATION:

Name: _____ Home Phone #: _____

Work Phone #: _____ Cell Phone #: _____

Street Address: _____

City/State/Zip: _____

Email Address: _____

Emergency Contact Name & Phone #: _____

Check if you are interested in:

- coaching a team
- sponsoring a team

CONSENT & RELEASE

I hereby give approval for the participation of my child in the YWCA of Alexandria-Pineville Youth Basketball League and assume all risks and hazards related to such participation. I waive, release, absolve, indemnify and agree to hold harmless the YWCA of Alexandria-Pineville facility and the YWCA of Alexandria-Pineville Youth Basketball League, affiliated associations, organizers, officers, coaches, parents, participants and officials from any claim arising out of injury to my child. I hereby give permission for the YWCA of Alexandria-Pineville Youth Basketball League to obtain medical services for my child in case of medical emergency or injury.

Parent/Guardian Signature: _____ Date: _____