

CFPO-PAL YOUTH SPORTS

2016

DL. # ON CHECK
AMOUNT PAID. _____

DATE PAID: _____ Mighty-Mites 5&6 () Pee-Wee 7&8 () Junior 9&10 () Senior 11&12 ()

TEAM NAME: _____

BASKETBALL

REGISTRATION FORM

NOTE: REGISTRATION FEE IS \$60.00 FOR FIRST CHILD \$50.00 EACH ADDITIONAL, PER FAMILY.

BOY () GIRL ()

NAME: _____ TELEPHONE #: _____

ADDRESS: _____

AGE: _____ BIRTH DATE: ____/____/____ GRADE _____ SCHOOL: _____
(MO / DAY / YR)

HAVE YOU EVER PLAYED **CFPO-PAL** BASKETBALL: YES () NO ()

FATHER'S NAME: _____ / _____ / _____
(HOME PHONE) (WORK PHONE) (E-MAIL ADD.)

MOTHER'S NAME: _____ / _____ / _____
(HOME PHONE) (WORK PHONE) (E-MAIL ADD.)

FAMILY PHYSICIAN: _____ TELEPHONE #: _____

PLEASE READ CAREFULLY

I UNDERSTAND THAT THE ABOVE NAMED CHILD IS MY CHILD OR, I AM THEIR LEGAL GUARDIAN AND THEY WILL BE PLAYING BASKETBALL AND I DO HEREBY GRANT MY PERMISSION FOR MY CHILD'S PARTICIPATION. I AGREE TO HOLD **CFPO-PAL YOUTH SPORTS** OR ANY OF THEIR COACHES OR AGENTS HARMLESS FOR ANY ACCIDENT THAT THE ABOVE NAMED CHILD COULD POSSIBLY BE INVOLVED IN. NO CHILD WILL BE ALLOWED ON THE COURT UNTIL REGISTRATION IS PAID (DUE TO INSURANCE LIABILITY). IF THE CHILD QUILTS WITHIN THE FIRST TWO (2) WEEKS 50% OF THE REGISTRATION FEE WILL BE REFUNDED.

I HAVE INFORMED THE **CFPO-PAL YOUTH SPORTS LEAGUE** OF ALL MEDICAL OR PHYSICAL CONDITIONS WHICH MIGHT EFFECT MY CHILD'S ABILITIES AND I HAVE NOTED PERSONS TO NOTIFY IN CASE OF EMERGENCY. MY PERMISSION IS HEREBY GIVEN FOR MY CHILD TO PARTICIPATE IN THIS PROGRAM SPONSORED BY THE **CFPO-PAL YOUTH SPORTS LEAGUE** AND CONSENT FOR ANY EMERGENCY MEDICAL TREATMENT WHICH MIGHT BECOME NECESSARY.

EXPLAIN ANY EXISTING MEDICAL OR PHYSICAL CONDITIONS THAT MAY LIMIT YOUR CHILD'S PARTICIPATION OR IS CONTROLLED OR CORRECTED WITH MEDICATION, (ALLERGIES, DIABETICS, ETC) THAT THE BASKETBALL LEAGUE SHOULD BE AWARE OF.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

YOUTH SIZES

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ADULT SIZES

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Youth X-Small () Youth Small () Youth Med () * Small () Medium () Large () X-Large ()

(A) (B) (C) (D)