

P.O. Box 865

Ione, CA 95640

amatoryouthbasketball@gmail.com



REGISTRATION FORM

STAFF USE ONLY:	
DIVISION:	
TEAM:	
UNIFORM:	
PAYMENT:	
AMOUNT:	
RECEIVED BY:	

PLAYER INFORMATION

PLAYER FIRST & LAST NAME			
PLAYER DATE OF BIRTH		GENDER	
HEIGHT		WEIGHT	
SHIRT SIZE		RETURNING PLAYER	
GRADE		SCHOOL	
HOW DID YOU HEAR ABOUT AYB?			

PARENT / GUARDIAN INFO

PARENT/GUARDIAN 1

PARENT / GUARDIAN 2

PARENT FIRST NAME		
PARENT LAST NAME		
ADDRESS		
CITY, STATE, ZIP		
HOME PHONE		
WORK PHONE		
CELL PHONE		
EMAIL		
RELATION		

EMERGENCY CONTACT IF DIFFERENT FROM ABOVE

EMERGENCY CONTACT NAME	
RELATIONSHIP	
EMERGENCY CONTACT PHONE	
PHYSICIAN NAME	
PHYSICIAN PHONE	
MEDICAL CLINIC NAME	
MEDICAL CLINIC PHONE	
INSURANCE CARRIER	
POLICY NUMBER	
MEDICAL CONCERNS	

VOLUNTEER INFORMATION

FAMILIES ARE ALWAYS WELCOME TO VOLUNTEER TIME DURING THE SEASON TO ASSIST THE LEAGUE IN ITS OPERATIONS. PLEASE SELECT FROM THE LIST BELOW. TRAINING MAY BE REQUIRED WITH SOME VOLUNTEERING.

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> TEAM PARENT | <input type="checkbox"/> COACH | <input type="checkbox"/> ASSISTANT COACH |
| <input type="checkbox"/> BOARD MEMBER | <input type="checkbox"/> SPONSOR COORDINATOR | <input type="checkbox"/> SNACK BAR COVERAGE |

SEE REVERSE SIDE



REGISTRATION FORM

REGISTRATION MEMBERSHIP AGREEMENT:

On behalf of my minor child, I hereby apply for his/her participation in **AMADOR YOUTH BASKETBALL LEAGUE** and to induce **AMADOR YOUTH BASKETBALL** to accept this application. I hereby warrant that both myself and my child are familiar with the risks associated with participation in an active sport such as basketball; furthermore, I warrant that my child is in good health, has no condition or defect which would interfere with his/her participation. In short, my child is active, in good health and anxious to play basketball. I do hereby agree and consent to my participation in **AMADOR YOUTH BASKETBALL** during the current season, and also assume all risks and hazards which are incidental to the conduct of the activities, I hereby release, absolve, indemnify and hold harmless **AMADOR YOUTH BASKETBALL**, a California non-profit corporation, its officers, directors, employees, agents and any of them, their sponsors, organizers, and supervisors of any and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's participation in **AMADOR YOUTH BASKETBALL LEAGUE**. I am hereby informed that all roster players are covered by an insurance policy in case of an accident or medical emergency while participating in an activity sponsored by **AMADOR YOUTH BASKETBALL**. I further understand that in case of a medical emergency, my own personal medical plan, if I have one, will be used prior to the insurance provided through **AMADOR YOUTH BASKETBALL**. If I do not have a personal plan, the above insurance will take effect immediately. Participation in competitive athletics may result in serious injury. It is impossible to TOTALLY eliminate such occurrences from competitive sports. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program, and maintaining their equipment properly.

EVEN IF ALL THESE REQUIREMENTS ARE MET AND EVEN IF THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, SERIOUS ACCIDENTS MAY STILL OCCUR.

PHOTO AND VIDEO RELEASE:

I grant to **AMADOR YOUTH BASKETBALL**, its representatives the right to take photographs and video of my son / daughter. I authorize **AMADOR YOUTH BASKETBALL**, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that **AMADOR YOUTH BASKETBALL** may use such photographs and video of my son or daughter and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

AS A CONDITION OF PARTICIPATION IN THE AMADOR YOUTH BASKETBALL PROGRAM:

I ACKNOWLEDGE THAT I READ THIS CONSENT FROM AND KNOWIGLY, ON BEHALF OF MY CHILD, ASSUME ALL THE RISKS ASSOCIATED WITH PARTICIPATING IN ANYWAY IN THE AMADOR YOUTH BASKETBALL PROGRAM.

PARENT / GUARDIAN SIGNATURE	DATE