



WBYBA

Primary Parent/ Guardian Information:

First Name: _____

Last Name: _____

Gender: _____

Street: _____

Unit#: _____

City: _____ State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Participant Information:

First Name: _____

M.I. _____ Last Name: _____

Gender: _____

Street: _____

Unit#: _____

City: _____ State: _____

Date of Birth: _____

Grade: _____

New or Returning Player: _____

Yrs. Of Experience: _____

Preferred Shirt Number: _____

Shirt Size: _____

Short Size: _____

Emergency Contact if parent/guardian listed cannot be reached:

First Name: _____

Last Name: _____

Gender: _____

Street: _____

Unit#: _____

City: _____

State: _____

Zip Code: _____

Relationship to participant: _____

Cell Phone: _____

Program & Fees (check box next to program):

Teams: Boys 3rd, 4th, 5th, 6th	\$125.00 Fee	
Teams: Girls 3rd/4th, 5th, 6th	\$65.00 Fee	
Instructional	\$50.00 Fee	

Physical Conditions of which the staff should be aware:

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Allergies: _____

Medical Release:

I hereby give permission for my child to take part in the WBYBA basketball program. In doing so, I waive any claim on WBYBA, any coaches, officers, or board members for any injuries suffered by my child while partaking in the program. My signature below permits my child to participate in the activity indicated. In the case of an accident or illness, I authorize Western Beaver Youth Basketball Association to provide medical treatment for my child if I cannot be contacted immediately and I consent to the administration of any and all medical procedures deemed necessary by the attending authorities. I understand that Western Beaver Youth Basketball Association (WBYBA), its staff, and volunteers assume no financial obligations or liability for the immediate medical treatment that they provide to or for my child.

Name (Print): _____

Signature: _____

Date: _____

Payment:

Cash: _____ Amount: _____

Check # _____ Amount: _____