



# 2018-2019 BASKETBALL YOUTH LEAGUE REGISTRATION

Player's Name (First & Last): \_\_\_\_\_ Sizes: Jersey: \_\_\_\_\_ Shorts: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Age (as of 11/01/2018): \_\_\_\_\_ Grade: \_\_\_\_\_

Name of school your child is attending for the 2018-2019 school year: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

BASKETBALL FEE (NON-CLUB MEMBER): ..... \$100.00

BASKETBALL FEE (CLUB MEMBER): ..... \$75.00

*All applicable fees are non-refundable*

*\*Make checks payable to Boys & Girls Club of Alachua County*

**MEDIA & LIABILITY RELEASE:** I, \_\_\_\_\_ (PLEASE PRINT parent/legal guardian name), verify that I am the parent or legal guardian of the child named above. I grant permission to the Boys & Girls Club of Alachua County, its agents, and employees the irrevocable and unrestricted right to reproduce the photographs, video images, and any media taken of my child for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release the Boys & Girls Club of Alachua County and its legal representatives for all claims and liability relating to said images or video. I waive my right to any compensation. Furthermore, I give my permission for my child to participate in the Boys & Girls Club Tackle Football Program. I hereby agree not to hold the Boys & Girls Club of Alachua County, its agents, volunteers, or employees responsible for any injuries or accidents that may occur during my child's participation in tackle football. Furthermore, I authorize the Boys & Girls Club of Alachua County to administer first aid in case of injury or accident. I also grant the Boys & Girls Club of Alachua County permission to authorize and obtain medical care in case of injury or accident when neither parent or legal guardian is available to grant such permission. I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DO NOT WRITE BELOW — FOR CLUB USE ONLY

Membership #: \_\_\_\_\_ Membership Application:  Yes  No Birth Certificate Verified:  Yes  No

LEAGUE: \_\_\_\_\_ TEAM: \_\_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ VERIFIED BY: \_\_\_\_\_

Paid \$ \_\_\_\_\_ Payment:  Cash  C.C  Check# \_\_\_\_\_ Date of payment \_\_\_\_ / \_\_\_\_ / \_\_\_\_