

# WOODLAND BEAVER YOUTH BASKETBALL

## REGISTRATION FORM

PLAYER NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

ALT. EMERGENCY CONTACT: \_\_\_\_\_

T-SHIRT SIZE:    YS   YM   YL   YXL   AS   AM   AL   AXL

INSURANCE CARRIER: \_\_\_\_\_

POLICY NO.: \_\_\_\_\_

### WRITTEN AGREEMENT:

\_\_\_\_\_ :    Has my permission to participate in this Woodland Youth Basketball program. I grant permission for emergency treatment to be given. I agree to pay all medical bills not covered by the insurance listed above. Insurance information must be complete or write NO COVERAGE in the space above. I release Woodland School District from responsibility for any bills resulting from injuries incurred during this activity except to the extent such injury is caused by or results from the District's own negligence,

Printed Name:

Signature:

Date: