

**LANDON'S LIBRARY YOUTH BASKETBALL REGISTRATION FORM  
2017/2018**

COMPLETE ONE FORM PER CHILD (DEADLINE FOR SUBMISSION IS OCTOBER 1)

**Please circle one: Male Female**

**TShirt Size: Youth SM Med L XL Adult SM Med L XL 2XL 3XL**

**Participant's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**DOB** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent/Legal Guardian's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**IN CASE OF EMERGENCY**

**Contact # 1**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

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**Participant's Allergies and Medical Conditions:**

\_\_\_\_\_

**Name of Participant's Physician and Physician's Telephone Number**

\_\_\_\_\_

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**WAIVER OF LIABILITY RELEASE FORM**

**I am aware of the nature of this activity and I hereby assume responsibility for**

\_\_\_\_\_  
**(Participant's Name)**

**to participate and to be photographed for publicity purposes. I will not hold Landon's Library and/or its volunteers responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of Landon's Library prior to participation in this program.**

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**I am willing to help (circle) COACH REFeree CONCESSION YE/ PARTY**

**FOR OFFICE USE ONLY**

**Amount Paid** \_\_\_\_\_ **( ) M.O. ( ) Cash ( ) Check #** \_\_\_\_\_ **Receipt \$**

\_\_\_\_\_ **Received by** \_\_\_\_\_ **Date** \_\_\_\_\_