



## YOUTH BASKETBALL LEAGUE – 2018/2019

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

If played last year – name of coach: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

List any medical conditions/allergic reactions that we need to be aware of:

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As parent/guardian, I give permission for \_\_\_\_\_ to participate in the Landon's Library Youth Basketball League. I release the Landon's Library Youth Basketball Staff from any and all responsibility and liability for any injury or illness that may be sustained as a direct or indirect result of Landon's Library Youth Basketball League participation. I understand and accept that there are risks involved in sports and that accidents and/or injuries can occur. However, I give my consent to my child to participate the Landon's Library Youth Basketball League and receive medical treatment, if necessary. I also understand that the Landon's Library Youth Basketball League has every intention of making my child's Youth League Basketball experience a positive one.

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

T-Shirt Size:    YS    YM    YL    YXL    SM    M    L    XL

**Please enclose a check for \$35 per child with checks payable to:                    Landon's Library**

I would be willing to participate in the following way:

Coach: \_\_\_\_\_ Referee: \_\_\_\_\_ Year-End Party: \_\_\_\_\_