

BASKETBALL REGISTRATION FORM

Child's Name: _____ School: _____

Address: _____

City: _____ Zip Code: _____

Grade Level: _____ Birthdate: _____ Male Female

Phone: _____ Email: _____

Select T-Shirt Size: Youth S Youth M Youth L Adult S

SPECIAL REQUESTS

Special requests/restriction (i.e. choice of coach, teammates, practice night) can be made. We will do the **best we can** to accommodate you. **REQUESTS ARE NOT GUARANTEED.**

COACHING

Is Parent/Guardian willing to be a Head Coach? Yes No

Name: _____ Phone: _____

Email: _____ Shirt size: _____

If Coaching, do you have a preferred team name/color? _____

Is Parent/Guardian willing to be an Assistant Coach? Yes No

Name: _____ Phone: _____

Email: _____ Shirt size: _____

Participants/Guests assume all risk of injury arising out of his or her presence on or about the premises, or his or her use or intended use of equipment or facilities, or his or her participation in the activities of The Ivy League Rec Center/Kids Fit Foundation, on or about the premises or at another location and does hereby for himself or herself, his or her heirs, executors and administrators waive, release and agree to hold free from all claims for damages, The Ivy League Rec Center/Kids Fit Foundation and its respective officers, directors, board of managers, trustees, members, employees, or agents.

Signature of Adult Participant/Parent/Guardian _____

Date _____

Credit Card Number _____

Expiration Date _____

CVV _____