

Ralph Wilson Youth Club

BOY Basketball

Registration Form

FOR OFFICE USE ONLY:

Birth Cert. ___

CK/CASH/CCARD/NC

\$15 Late Fee ___

Jersey Size:

YS YM YL AS AM AL AXL

Registration runs October 30th – November 21st

\$15 LATE FEE CHARGE WILL APPLY STARTING NOVEMBER 22nd

Forms may be mailed in if postmarked by November 18th

Cost is \$75 per player

Age as of Sept 1, 2016 _____

School Attending _____ Date of Birth _____

Check the appropriate age group: 5-6 ___ 7-8 ___ 9-10 ___ 11-12 ___

Player's Name: _____ Home Phone: _____
Last First

Address: _____
Street/P.O. Box City/State Zip Code

Father's Information: _____
Name Employer Phone # Ext #

Mother's Information: _____
Name Employer Phone # Ext #

I will help: Coach ___ Asst Coach ___ Referee ___ Other* ___

*Other: _____

I hereby release any and all claims for damages I may have against all other contestants, coaches, or officials of the Ralph Wilson Youth Club of Temple, Texas and the representatives thereof for injuries sustained by the said contestant while participating in basketball.

Signature _____ Date _____
Parent or Guardian

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of _____, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, or well-being of my dependent.

Signature _____ Date _____
Parent or Guardian