

# Ralph Wilson Youth Club

## GIRL 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 30<sup>th</sup> – November 21<sup>st</sup>

**\$15 LATE FEE CHARGE WILL APPLY STARTING NOVEMBER 22<sup>nd</sup>**

Forms may be mailed in if postmarked by November 18<sup>th</sup>

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