



***VisionWay LITTLE WARRIOR BASKETBALL
PEE WEE BASKETBALL with South Fork Youth***



Basketball Association

PLAYER REGISTRATION

CIRCLE ONE:

PREK/K 1st/2nd 3rd/4th BOYS 3rd/4th GIRLS

PLAYER SHIRT SIZE

YOUTH: (they run small, size up) XS(4T) S YM YL YXL

ADULT SIZE: S M L XL

PLAYER _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____

PHONE _____ EMAIL _____

I, _____, do hereby agree to play with any team to which I am assigned by League Officials.

PLAYER'S SIGNATURE

Parent or guardian interested in coaching yes or no

Parent or Guardian Name _____

Phone Number _____

Coach shirt size: Adult S M L XL 2XL

Text or Call

PARENTAL AUTHORIZATION

I, _____, the parent or guardian of the above-named candidate of a position on a South Fork Youth Association Team, hereby give approval to his or her participation in any and all League activities during the upcoming season. I assume all risks and hazards incidental to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the local League Organization, South Fork Youth Association, the organizers, sponsors, supervisors, participants, and persons transporting the boy or girl to and from activities, for any claim arising out of an injury to the boy or girl, except to the extent and in the amount covered by accident and/or liability insurance held by the local team or organization.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from licensed physicians, hospitals, or medical clinics, including ambulance service, should the boy or girl become ill or injured while participating in league activities away from home, or at other times when neither parent is available to grant authorization for emergency treatment. I agree if my child is on a tournament team, this waiver also applies.

I agree to return upon request the uniform and other equipment issued to the boy or girl in as good of condition as when received, except for normal wear and tear.

I also agree to volunteer to help in the concession stand during the home game at VisionWay.

I will furnish a certified birth certificate for the above-named candidate upon request by the League Officials.

SIGNATURE OF THE PARENT/GUARDIAN _____

RELATIONSHIP _____ DATE _____

Cost \$45 per player max of \$100 per household. Make checks payable to VCS.

Check number _____ **Cash** _____

**Deadline to sign up is November 15th.*

Any application received after November 15th WILL NOT be accepted.

Practices start in January and games will start in February.