

**Leeds Youth Athletic Association
BASKETBALL REGISTRATION FORM 2006-2007**

Check here if interested if your child is interested in playing travel basketball: []

Child's Name:	Grade:
Birth Date:	Age:
Address:	Male: [] Female: []
	Phone No:
Name of Parents and/or Guardian at this address:	Shirt Size:

Fee Paid: (X)	Cash:	Check #:

I/we, the parents or legal guardian of the above named child, hereby give my/our permission to participate in the basketball program sponsored by Leeds Youth Athletic Association/River Valley Basketball. I/we realize that participating in sports may result in injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Leeds Youth Athletic Association, River Valley Basketball, M.S.A.D.#52, the organizers, sponsors, supervisors, coaches, other participants and persons transporting my/our child to and from activities, for any claim arising out of injury to my/our child whether the result of negligence or for any other cause. I realize it is necessary for all participants to be covered by medical insurance. If _____ does not have medical insurance, I understand that he/she will be participating without it and I/we will assume all responsibility for injuries to my child and will not hold the coaches, supervisors, organizers, sponsors, other participants, M.S.A.D.#52, River Valley Basketball or Leeds Youth Athletic Association responsible.

I/we will furnish a birth certificate of the above named child when required.

I/we understand that the coaches, officials, coordinators, and others are volunteering their time, and should be given proper courtesy and respect. I/we understand that this activity is provided for the benefit of the child. Any unsportsmanlike behavior by parents, family members or fans, may result in that person being removed from that practice or game.

Parent(s)/Guardian(s) Signature: _____ Date: _____

Insurance Company Name: _____ Policy #: _____

Alternate person to contact in case of Emergency:

Name: _____ Telephone Number: _____

In case of medical emergency, I understand every attempt will be made to contact the parents/guardians of the child. If they cannot be reached, I hereby give permission to an emergency facility to secure medical treatment:

_____ Date: _____

Please indicate any physical limitations (allergies, hearing, sight, etc.)

Questions? Contact: Bob Moore 946-2189 Mail to: Leeds Youth Athletic Association, 594 Route 106, Leeds, ME 04263

Would you like to coach?: Call Bob at 946-2189 or via email at: info@leedsathletic.4t.com

Deadline for registration is: November 4, 2006

Registration Fee: \$ 20.00 per participant

Make Checks Payable to: Leeds Youth Athletic Association