

Havelock Youth Basketball League

2018-2019

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Name of Child _____
(First) (Last) (Nickname)

Child's Address _____

Age of Child as of January 2018 _____ Birth Date _____ Sex _____

Jersey Size (circle one) Yth Sm Yth Md Yth Lg Adult Sm
Adult Md Adult Lg Adult XL Adult XXL

Parents Information

Father's Name _____ Home Phone _____
Cell Phone _____ Email _____

Mother's Name _____ Home Phone _____
Cell Phone _____ Email _____

Volunteers (Circle) Mom or Dad

Coach	Team Mom
Asst. Coach	Concessions
Timer	Officiating
Scorekeeper	League Official

I/ We the parents/ or guardian of the above named child for a position on a league team, hereby give our approval to participate in any and all league activities.

I/ We assume all risk and hazards/ incidents to such participation including transportation to and from the activities.

I/ We do hereby waive, release, absolve indemnify and agree to hold harmless the Havelock Independent Basketball League, the chartering information, the organizers, sponsors, participants and persons transporting my child to and from activities: for any claim arising from injury to my/ our child, whether the result of negligence of form any cause, except to the extent and in the amount covered by the accidental and liability insurance.

I/We will understand that the insurance covers only the amount that is not paid by my/ our carriers.

I/ We will allow only the participating child (not siblings) to be in the gym during practice time unless I/ we are there to accompany them.

I/ We will only speak to team Head coaches after practices, after games or during a specified scheduled appointments.

I/We agree to return the uniform and other equipment issued to my child in as good condition as when issued except for normal wear and tear.

I/We will furnish the original birth certificate of my child for inspection upon request to league officials.

I/ We will allow HIBL to use photos and names of our child for the advertisement of the league. (i.e.; newspaper articles, Facebook pages and other social networks.)

Parents Signature _____

All players will be placed on a team through the draft. The time and place of the draft will be announced. Contact Randall Prichard for further questions.

League Official Only

Registration Fee: \$55
\$5 Late Fee after Nov. 25th

Amount Paid _____

Receipt # _____

Approved By _____

Last Yr. Team _____