

Clayton Basketball Association
www.ClaytonBasketball.org

2009-2010 REGISTRATION FORM

CHILD'S NAME:

ADDRESS:

PARENTS EMAIL: _____

SCHOOL ATTENDING: _____

PHONE: _____ AGE (As of 9/30/09) _____ GRADE _____

DATE OF BIRTH: _____ GENDER (circle one) : MALE FEMALE

Circle One:

T-Shirt Size: YM AS AM AL AXL AXXL

Short Size: YM AS AM AL AXL AXXL

Basketball Experience: Please fill in information on your player's past team(s)

I, the parent/guardian of the above named applicant, hereby give my approval for his/her participation in any and all basketball activities during the 2009-2010 season. I assume all risks and hazards incidental to such participation, including transportation to and from activities, and hereby waive, release indemnify and agree to hold harmless the Clayton Basketball Association, the organizers, sponsors, supervisors, participants, and persons transporting him/her to or from activities from any claim arising out of injury to him/her except to the extent and in the amount covered by accident or liability insurance. I also agree to return the uniforms and other equipment issued to him/her in the same condition as when received except for normal wear and tear. Excessive wear and tear could result in my being charged for replacement costs.

Signature of Parent/Guardian: _____

Enclosed: Birth Certificate _____ Yes _____ No

Reg. Fee: Amount Paid: \$ _____ in _____ Cash or _____ Check # _____ Date: _____