



Windsor Youth Association

Basketball 2016/2017 - REGISTRATION FORM

Player's Name: _____ T-Shirt Size: _____

Age: _____ DOB: _____ Grade: _____

Parent/Guardian: _____

Address: _____

Phone: _____ Cell: _____ Work: _____

Email: _____

EMERGENCY CONTACT: Phone: _____

Physician: _____ Phone: _____

** Are there any medical illnesses or injuries that we should know about for the protection of your child?

REGISTRATION FEES

All players will receive a T-Shirt

****PAYMENT IS DUE AT TIME OF REGISTRATION****

Checks made payable to: Windsor Youth Association

One Child \$25.00 | Two Children \$35.00 | Family Maximum \$50.00

RELEASE OF LIABILITY

(I) (We) _____ of (Town) _____ County of
Kennebec, State of Maine, (is) (are) the parents or guardians of (player's name) _____.

We hereby release and hold harmless Windsor Youth Association (WYA) and any of its volunteers and agents from any and all liability of whatever form and nature which may arise as a result of any injury or injuries to the above named child in the participation of any or all named activities.

It is expressly understood that the above named child could not and would not participate in the above named activity except for this release upon which WYA and any of its volunteers and agents will specifically rely upon.

I also accept that my insurance company or I will pay any medical care expenses or property loss. Finally, I give permission in case of emergency to allow the staff and coaches of WYA to seek medical help for my child. In Witness Whereof, (I) (We) hereby set (my) (our) hand(s) and seal(s) on this ____ day of _____, Year 2016.

Parent Signature _____ Guardian Signature _____

PLEASE DO NOT WRITE IN THIS SPACE

PAID BY: Cash Amount _____ Check Amount _____ Check # _____