

VIKING YOUTH BASKETBALL
REGISTRATION FORM

Players Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian's Name: _____ Phone: _____

Parent/Guardian's Name: _____ Phone: _____

Email address: _____ Email address: _____

PLEASE CIRCLE PROPER CHOICES BELOW

Boy	Girl	Grade: 1	2	Player shirt size: Youth Small	Youth Medium
		3	4	Youth Large	Adult Small
		5	6	Adult Medium	Adult Large
		7	8	Adult X-Large	Adult XX-Large

My child would like to be a manager at a high school game (please circle) Yes No
I would like to volunteer as (please circle): Head Coach Assistant Coach

My child has medical restrictions which their coach should be aware of. Yes _____ No _____
(Asthma, epilepsy, diabetes, etc.) If yes, please explain _____

Fees to accompany form: \$40.00 for one child, \$65.00 for two, \$85.00 for three, \$100.00 for four or more

Jersey information: *1st – 3rd grade players will receive a team t-shirt from the YMCA*
4th grade players will receive their team jersey from VYB; shorts (which are not required) are an additional cost, see pricing sheet.
5th - 8th grade players are required to supply their own jersey with the exception of all first year players. All first year players will receive a team jersey from VYB.

Please Registration Form, Insurance/Liability Waiver and check made payable to Viking Youth Basketball on or prior to September 27, 2017

If you are in need of financial assistance, please feel free to contact any Viking Youth Board member to discuss options

Payment Method: Cash: _____ Check: _____ Check #: _____

VIKING YOUTH BASKETBALL
INSURANCE/LIABILITY WAIVER

Players Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Phone: _____

Parent/Guardian's Name: _____ Phone: _____

INSURANCE WAIVER

I have insurance that covers my child to participate in the Viking Youth Basketball (VYB) program. If I do not have insurance for my child, nor do I wish to obtain insurance for my child, I know that it will be my full responsibility for any medical expenses incurred.

PARENTAL CONSENT AND WAIVER OF LIABILITY

I consent to, and give permission for, my child to participate in the Viking Youth Basketball (VYB) Program. I have no knowledge of any physical impairment that would be affected by my child's participation in the basketball program. I further agree to waive all liability of the Viking Youth Basketball Program, its representatives, team coaches and any other participant, for any accident, injury, illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the basketball program, whether or not such liability, claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Basketball Program, its agents and specifically including any defects in the condition of the property of the Basketball Program or the condition of its maintenance. I consent (yes ___ or no ___) to emergency medical care for my child in case of sickness or injury, and any actual charges made for such care. I agree to abide by the rules and regulations as set forth by the Basketball Program for my child's participation, and that each player will be responsible for himself, his insurance and his equipment. I acknowledge that I have freely and voluntarily entered into this Agreement and that I have read and understand this agreement in its entirety.

I hereby give my consent for the above child to participate in the Viking Youth Basketball Program.

Date _____ Signature of Parent or Legal Guardian _____

Please Registration Form, Insurance/Liability Waiver and check made payable to Viking Youth Basketball on or prior to September 27, 2017

