

ALL PLAYERS WILL ENJOY:

- TEAM UNIFORMS
- EQUAL PLAYING TIME FOR EVERY PLAYER
- INDIVIDUAL TROPHIES
- PRACTICES EACH WEEK, GAMES EVERY SATURDAY
- POSITIVE COACHING BY TRAINED COACHES WHO CARE ABOUT YOUR CHILD
- WEEKLY HUDDLE TIMES TEACH YOUR CHILD CHARACTER AND SPIRITUAL VALUES

■ SEPARATE LEAGUES FOR BOYS AND GIRLS

PEE WEE LEAGUE Grades 1 - 2
 MINOR LEAGUE Grades 3 - 4
 MAJOR LEAGUE Grades 5 - 6

KIDZPLAY CORE VALUES:

- All Kids Play
- Character Matters
- Positive Coaching
- Sportsmanship Counts
- Instructional & Recreational



PLAYER INFORMATION

New Player Returning Player

Male Female

Last Name _____ First Name _____ MI _____ Home Phone _____ Birthdate _____ Grade _____

Address _____ City _____ State _____ Zip Code _____

Name of Church (if you regularly attend) _____

Player Information Notes (if any) _____

Jersey Size Shorts Size
 Youth M Youth M
 Youth L Youth L
 Adult S Adult S
 Adult M Adult M
 Adult L Adult L
 Adult XL Adult XL

Have you ever played organized basketball before? No Yes If yes, how many years? _____

Lane Shoot R. Layup L. Layup Slide R. Dribble L. Dribble Total Height (in.)

PARENT/GUARDIAN INFORMATION

Father/Guardian _____ Mother/Guardian _____

Telephone (work) _____ Telephone (work) _____

Employer _____ Employer _____

I can do one of the following for this player's team:

- Coach Assistant Coach Referee Team Parent Coach Assistant Coach Referee Team Parent

I can do one of the following for this player's team:

- Coach Assistant Coach Referee Team Parent

PLEASE READ CAREFULLY - RELEASE MUST BE SIGNED: Does this child have any disabilities, handicaps, present, injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition?

Yes No If Yes, please state conditions: _____

If you wish to have your family doctor contacted in case of emergency: _____

Doctor's Name _____ Phone # _____

EMERGENCY AUTHORIZATION: I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact: _____

Full Name: _____ Phone # _____

Address: _____ (Emergency contact who is hereby authorized to act on my behalf.)

WAIVER OF LIABILITY AND DISCLAIMER: I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of the KidzPlay Basketball League are primarily administered by parents, who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless the KidzPlay Basketball League, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the KidzPlay Basketball League sponsored events, including any physical injury caused by the negligence of any official, referee or coach while performing his/her duties during any practices or games. I acknowledge that KidzPlay may compile and use addresses and basketball photographs of the named individual. I consent to such uses and hereby waive all rights to compensation.

Signature of Parent or Guardian _____ Date _____

Player Fee _____ Late fee _____

Total Paid _____

Check No. _____

Initial _____