

Coach Preference:

## WALLKILL VALLEY RANGERS SPORTS CLUB

www.wallkillbasketball.org

Interested in Coaching? Yes

	RI	EGISTRATIO	N – 2021	/2022	2 SEASO	N			
Child's Name:							le	/	Female
Date of birth: /	Current Grade:								
Phone:	Cell Phone:	Cell Phone:							
Mailing Address:									
City:		State:			ZIP Code:				
E-mail Address:									
20\$ DISCOUNT FOR SEC	COND OR THIRD CH	IILD ENROLLED							
	UN	IFORM INFORMAT	TION (IF NEW	UNIFOR	M IS NEEDE	D)			
What is your child's cl	othing size?								
Shirt Size (circle one):	YS YM	YL AS	S AM	AL	AXL				
Short Size (circle one):	YS YM	YL AS	S AM	AL	AXL				
PARENTAL CONSENT AND RELEASE									
I hereby consent to my child's participation in the Wallkill Valley Rangers Sports Club's athletic activities during this basketball season. I furthermore release my child's team, coaches and officials from any and all liability to me for any and all claims for liability from injuries received by my child resulting from his/her participation in this activity.									
MEDICAL INFORMATION									
I HAVE NO KNOWLEDGE OF ANY MEDICAL PROBLEMS THAT WOULD PRECLUDE MY CHILD FROM PARTICIPATING IN ATHLETICS, UNLESS STATED									
Known Medical Problems	s: (if none, state no	ne):							
INSURANCE COMPANY:									
INSURANCE POLICY NO	.:								
If my child needs to be the Hospital, or to the neare with the Wallkill Valley Rindemnify and hold the the participation with the lead opportunity afforded to in connection therewith, demands, actions, cause omissions of the league,	est hospital in the cast langers Sports Club leam, its Board/Offi lague in games and p my child to participa I release and forev lass of action, damage	se of a severe medica and my child's use of cers and coaches har oractices, including m te with the Wallkill Va er discharge the leagu s and expenses arisir	al emergency. F the equipment mless for any ac y child's travelir alley Youth Bask ue, the team, it	supplied I its or omis ig to and f cetball Lea s Board/C	by the team in ssions perform from the same gue to use the Officers and co	connection led or cause FOR AND e equipment aches, from	n there d to b IN CC t supp any a	ewit De po DNS Dlied and	h. I agree to erformed by IDERATION of the I by the league/team all claims, suits,
		PLEA	SE SIGN AND	DATE					
Date:									
Parent/Guardian Name (	printed):								
Signature of Parent/Gua	rdian:								
LEA GUE USE ONLY									
Initials of Registrar:		Paid:			Amount\$:				