

www.wallkillbasketball.org

Coach Preference: _____

Interested in Coaching? Yes

REGISTRATION – 2013/2014 SEASON											
Child's Name:								Sex:	Male	/	Female
Date of birth: /	/				Current Grad	de:					
Phone:					Cell Phone:						
Mailing Address:					·						
City:			State:				ZIP Code:				
E-mail Address:			1				1				
UNIFORM INFORMATION											
What is your child's cl	othing size?	•									
Shirt Size (circle one):	YS	YM	YL	AS	АМ	AL	AXL				
Short Size (circle one):	YS	YM	YL	AS	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: (if none, state none):											
INSURANCE COMPANY:											
INSURANCE POLICY NO.:											
If my child needs to be transported, I grant permission to transport him/her to:											
PLEASE SIGN AND DATE											
Date:											
Parent/Guardian Name (printed):											
Signature of Parent/Guardian:											
				LEA	GUE USE ON	ILY					
Initials of Registrar:			Paid: Casl	h /	Check		Amount\$:				
			Check #:				Received:				