



Radcliff Youth Basketball League Registration Form

Player's Full Name _____ Date of Birth _____ Age _____ Sex _____

Parent or Guardian Name _____

Home Address _____

City _____ State _____ Zip _____

E-mail Address (Required) _____

Home phone# _____ Cell phone# _____

Circle Preferred method of contact: **Home Cell**

Interested in becoming a Coach or other Volunteer opportunities in the League? ____ Yes ____ No

UNIFORM SIZES: T-Shirt Size _____ Short Size _____ (Parents are responsible for replacement cost if incorrect size is given)

1. Has your child ever been a part of an organized basketball team? If so, How many seasons? _____
2. Will your child have a sibling participating in the league? ____ Yes ____ No
3. Do we have permission to publish photos/videos of your child for marketing, advertising and/or announcements? ____ Yes ____ No
4. Does your child have any physical limitations or medical conditions? ____ Yes ____ No If yes, please attach medical release form.

EMERGENCY CONTACT: Please list alternate contact in case of emergency if parents/guardians cannot be reached

Name: _____ Phone # _____ Alt Phone # _____

Name: _____ Phone # _____ Alt Phone # _____

SIGNATURE OF PARENT/GUARDIAN _____ Date _____

League Fee: \$60.00. Each additional child (in home), fee decreases \$5.00 (**Cash, Check, Money Order**)

Payable to: Radcliff Youth Basketball League (RYBL)

THIS REGISTRATION FEE IS NON-REFUNDABLE EXCEPT FOR PCS OR DOCTOR'S STATEMENT

AMOUNT PAID: _____ DATE: _____ RECEIPT # _____