



# 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 # \_\_\_\_\_