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**RadcliffYouthBasketballLeague**

P.O. BOX 315 / Radcliff, KY 40159

**Website: Radcliffybl.com**

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

E-Mail (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Interested in becoming a Coach or Other Volunteer with the league (Circle One): YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_***

Uniform Size of Youth: T-Shirt \_\_\_\_\_\_\_\_\_\_\_\_\_ Shorts \_\_\_\_\_\_\_\_\_\_\_\_\_ (Parents are responsible for replacement cost of uniform if incorrect size is given when child is not present for fitting.)

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 on any form of social media? YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_
4. Does your child have any physical limitations or medical conditions that his/her coach should be aware of?

YES \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_. If yes, child must have a medical release from his/her doctor (***Please attach med release to this form).***

**EMERGENCY CONTACT**: Please list alternate contact in case of emergency if parent/guardian cannot be reached.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**League Fee: $65.00 Each additional registered child (living in the home), fee decreases $5.00. Payable to Radcliff Youth Basketball League (RYBL) Cash, Check or Money Order.**

**REGISTRATION FEE IS NON-REFUNDABLE ONCE UNIFORMS HAVE BEEN ORDERED**

(Partial refund after uniform order ONLY with a Dr. Statement or PCS orders)

AMOUNT PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ RECEIPT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_