



# San Benito Boys and Girls Club Youth Basketball League

Registration Fee: \$40.00 (T-shirt included) by November 30, 2018

Late Registration: TBA

Location: San Benito Boys and Girls Club

Starting Date: T.B.D (Approximate date December 19, 2018)

Registration Deadline: November 30, 2018

Payment must be paid in full by November 30, 2018 to Boys and Girls Club (over phone pymts. allowed)

Rules: Provided to coach at mandatory coach's meeting

Divisions: League divisions will be by grade level and gender. Maximum of 10 players per team (subject to change if not enough participants). No select teams. Individual registrations will be allowed if not enough players on rostered teams. Must register with school attending.

Add'l Information: Game days will be determined by number of registered participants. Please attach birth certificate and certifying docs such as Medicaid, SNAP, housing notice, etc. If no state benefits, please attach utility bill and ID to registration forms or it will considered incomplete. Documents required under federal law and will be kept confidential.

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***Waiver Statement:***

The undersigned states that he/she understands that the San Benito Boys and Girls Club is not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the undersigned is enrolling or being enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said San Benito Boys and Girls Club, its employees, agents and representatives from any and all claims of any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program. Also, the undersigned and the participant authorize the San Benito Boys and Girls Club to use at its discretion any photograph (s) (black/white or color) taken of the participant in the program and waive any and all claims that the participant or undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) or reproductions thereof.

**I have read and understand the waiver statement: registration invalid without signature of adult.**

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Signature of Parent/Guardian

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Date

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Child Name \_\_\_\_\_

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DOB/Age \_\_\_\_\_

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Parent's Name \_\_\_\_\_

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School/Grade \_\_\_\_\_

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Address \_\_\_\_\_

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Phone \_\_\_\_\_

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Doctor Name/Address/Phone # \_\_\_\_\_

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Emergency Contact & Phone # \_\_\_\_\_

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Insurance Provider: \_\_\_\_\_ List Medical Problems: \_\_\_\_\_

T-Shirt Size (circle one)    YS    YM    YL    AS    AM    AL