

River Vale Basketball Association, Inc.

REGISTRATION FORM

(Please Print All Information)

Child's Name: _____

Address: _____

Phone Number: _____

Father's Name: _____

Mother's Name: _____

School: _____

Grade: _____

Sex: M / F

Your help is sincerely appreciated and needed! Please volunteer...

Would you be interested in being: _____ **Head Coach (Certified? Yes / No)**
_____ **Assistant Coach (Certified? Yes / No)**
_____ **Help Out When Can**

Would you be interested in sponsoring a team? Yes / No

Note:

PLEASE NOTE

Participation in our program is limited to those children interested in playing basketball. Involvement in any sport that substantially hinders participation in River Vale Basketball, to the detriment of the remaining players on the team, may result in expulsion by vote of the Board of Directors. If the parent is aware of a possible conflict, he or she should notify the Board of Directors at the time of registration in order to resolve any such potential conflict.

I, the parent and/or legal guardian of the above named registrant, a minor, do hereby give my permission for said registrant to participate in any and all basketball related activities and both I, on my behalf and on behalf of the registrant, agree to abide by the rules of the River Vale Basketball Association Inc.. I recognize that basketball is a physically demanding sport and I certify that the registrant is in good, sound physical condition, free from any illness, injury, or disability, which would endanger his/her health or render it difficult or impractical for such child to participate in such activity. I recognize that basketball is a contact sport and that there is a possibility of physical injury associated with basketball and in consideration for the aforementioned Association accepting the registrant in its program, I do hereby release, discharge, absolve, indemnify and agree to hold harmless the River Vale Basketball Association Inc., its organizers, sponsors, supervisors, officers, coaches, coaching staff, and employees, associated personnel, including without limitation the owners of courts and/or facilities utilized for the program, participants and persons transporting such registrant to, from or during such activities from any and all manner of claim arising out of injuries or otherwise to registrant whether as a result of negligence or for any other cause.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

The undersigned as parent or legal guardian does hereby give his/her consent for emergency medical care prescribed by a duly licensed physician or dentist in the event such emergency medical care is required for the health, safety or welfare of the registrant due to illness or injury at a time when the parent or legal guardian is not available.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

WITNESSED

EMERGENCY TELEPHONE NUMBER: () _____ - _____