

Sequim Youth Basketball

2023-24 Registration 5-6th

Fee: \$85 Make checks payable to Sequim Youth Basketball
Please complete a form for each child
Deadline Nov. 17th, 2023

Player Information

First Name: Last Name:
Address: Grade In School M F
City/State/Zip School Attended

Parent/Guardian Information *Required*

First Name: Last Name:
Home Phone: Work Phone:
E-mail

Choose a Shirt Size: Youth Adult S M L XL

Medical Information

Physician or Clinic Phone:
Medical Plan Name: Plan ID #
Emergency Contact Phone:

Sequim Youth Basketball desires to provide a positive experience for kids. Please let us know if you could help.

Referee Organization/help Sponsor a Team (\$250)

Assurances: I/We, parent or guardian of the above named player, hereby give approval for him/her to participate in and all Sequim Youth Basketball activities including transportation. I/we know that participation in basketball may result in serious injuries to players. I/We do hereby waive, release organizers, sponsors, supervisors, participants, on persons transporting my/our child whether the result of negligence or any cause. In the event I cannot be reached for an emergency. I hereby give permission to Sequim Youth Basketball to hospitalize or secure treatment as needed for my child. In additional, I/We, parent or guardian of the above named player, acknowledge that I/We have been given and have read **or will read** the Concussion Information Sheet as required for participation by the Sequim School District. Found at: <https://www.sequimyouthbasketball.com/forms>.

X

Parent/Gaurdian Signature

X

Date