



WILLOWICK YOUTH BASKETBALL LEAGUE REGISTRATION

CHILD'S NAME _____ D.O.B _____ GRADE _____ M/F _____

ADDRESS _____ CITY _____ ZIP _____

FATHER'S NAME _____ Phone # () _____

MOTHER'S NAME _____ Phone # () _____

IS YOUR CHILD COVERED BY MEDICAL INSURANCE? YES ___ NO ___ HEIGHT _____

DESCRIBE ANY ALLERGIES OR SPECIAL MEDICAL CONSIDERATIONS: _____

I GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY: (circle one) SON DAUGHTER

YES _____ NO _____ INITIALS _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

****PLEASE READ AND SIGN WAIVERS ON BACK****

DID YOU PLAY LAST YEAR? YES _____ NO _____ Where? _____

ON MIDDLE SCHOOL TEAM THIS YEAR? No _____ Yes _____ School _____

CHILD'S SHIRT SIZE (CIRCLE ONE) Youth - S M L Adult - S M L XL

E-MAIL _____

Are you interested in Coaching? (CIRCLE ONE) **YES** **NO**

<u>DIVISION</u>	<u>RES</u>	<u>NON-RES</u>
GRADES 1-2 COED	\$45	\$55
GRADES 3-4 COED	\$50	\$60
GRADES 5-6 BOYS	\$50	\$60
GRADES 5-6 GIRLS	\$50	\$60
GRADES 7-8 BOYS	\$60	\$70
GRADES 7-8 GIRLS	\$60	\$70

DATE _____ PAYMENT METHOD (CASH OR CHECK) _____ TOTAL PAID _____