

REGISTRATION FORM

Munster Youth Basketball Inc.

www.munsteryouthbasketball.org

Sequence Number: _____

Check Number: _____

Amount: \$ _____

THIS INFORMATION IS NOT SHARED OR SOLD TO ANY COMPANIES AND IS STRICTLY FOR USE BY THE MUNSTER YOUTH BASKETBALL LEAGUE.

Boy

Girl

Grade: _____



Player First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Phone #: _____ School Attending: _____

Birthdate: _____ Height: _____" Inches Weight: _____ Lbs.

Shirt Size (circle one): Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

Father's Name: _____ Father's Cell Phone: _____

Father's Email: _____

Mother's Name: _____ Mother's Cell Phone: _____

Mother's Email: _____

My child will be unable to practice for Munster Youth Basketball on the following day(s) of the week. I understand that every effort is made to honor my request, and I know that it cannot be guaranteed that they will be met:

(circle the days you can NOT practice) Mon / Tue / Wed / Thu / Fri

General Comments: _____

The coaches, officials and directors are NOT responsible for any injuries which may occur. I hold harmless the Munster School System and the Munster Youth Basketball Inc. program Directors for any injuries or illnesses my child obtains while participating in the program. I give my permission for my child to participate in the program. Parents are responsible for any medical expense that might be incurred by a player or spectator. A player that exhibits behavior interest of the team or the league may be dismissed from further participation, with NO refund, at the league's discretion. I also understand that NO refunds will be granted for any reason after registering my child for the program.

Signature: _____ Date: _____