

**Holland & Wales Youth Basketball Registration
COMPLETE ONE FORM PER CHILD**

Participant information

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Name: \_\_\_\_\_

Please circle one:      M      F      Grade: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Information

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

MEDICAL CONDITIONS & MEDICATIONS:

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WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume all responsibility for my child playing this sport. I assume all risks and hazards that may be incidental to participation. I hereby waive all liability and I agree to hold the TRYBIL League absolved of any claim of injury to my child. This includes all organizers, sponsors, coaches, assistant coaches and all participants. I am aware that TRYBIL League and Holland/Wales Youth Basketball do not provide any medical coverage. I agree that my child participating in practices and games will be accompanied by an adult, at all times.

Parent/Guardian printed name: _____ Date: _____

Parent/Guardian signed name: _____ Date: _____

PLAYER INFORMATION

Shirt Size: Youth: S M L Adult: S M L XL 2XL

Years enrolled in Basketball: _____

Has your child played in Suburban, AAU or any other competitive league: Y N Yrs: _____

VOLUNTEER

Head Coach Assistant Coach Concession Stand

If YES, what level? _____

Phone: _____ Email: _____

Relationship to player: _____

PAYMENTS

Kindergarten: FREE Grades 1& 2 \$25 Grades 3-12 \$45

Please mail this form and payment to Holland Recreation Dept. 27 Sturbridge Rd. Holland, MA 01521

Registration DEADLINE: OCTOBER 6, 2017 Placement on team is not guaranteed after this date

OFFICE USE ONLY:

AMOUNT PAID: () CASH () CHECK # RECEIVED BY: DATE: _____