



Lake Region Youth Basketball

Fee: \$25.00/child \$45.00/family check _____ cash _____

1. Child's Name; _____

2. Parent/Guardian Name; _____
(First) (Middle Int.) (Last)

3. Mailing Address; _____
(Street) (City/State) (Zip code)

4. Home Phone; () _____ Best daytime Phone; () _____

5. Email Address; _____ @ _____

6. Please check the most reliable method of contacting you;
___ Email ___ Home Phone ___ Work Phone ___ Home Address ___ Other

7. T-Shirt Size; (Circle One) Youth Med Youth Lg Adult Sm Adult Med Adult Lg

8. School Grade; (Circle One) K 1st 2nd 3rd 4th 5th 6th

9. Family Physician; Name: _____ Phone: _____

10. Medical allergies, illness, medications, or other medical conditions; _____

Yes, I would be willing to help (CIRCLE)

COACH

ASSISTANT COACH

REFEREE

11. Emergency Contacts;

(Name) (Relationship) (Number)

(Name) (Relationship) (Number)

I give permission for _____ to participate in the Lake Region Youth Basketball Program. I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the LRYB. Recognizing the possibility of injury associated with basketball and in consideration for the LRYB accepting the registrant for its basketball programs and activities, I hereby release, discharge, and/or otherwise indemnify the Lake Region Youth Basketball Program, its sponsors and associated personnel, including the owners of the facilities utilized by the program, from any claim by or on behalf of the registrant as well as a result of the registrant's participation in the program.

Signature: _____ Date: _____

I give permission for _____ to receive emergency medical treatment when it is requested by any Lake Region Youth Basketball Program representatives, in my absence.

Signature: _____ Date: _____