

Wadsworth Youth Basketball League

PLAYER NAME: _____

SCHOOL: _____ GRADE: _____ M: _____ F: _____

HEIGHT _____ WEIGHT _____ Birth Date _____

PARENT'S NAMES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ - _____ - _____ CELL PHONE: _____ - _____ - _____

EMAIL #1: _____

EMAIL #2 _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____ - _____ - _____

ADULT T-SHIRT SIZE (Circle one) Small Medium Large X-Large
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SIGN-UP FEE: \$75

Please make checks payable to **Wadsworth Youth Basketball League**

Please check here to indicate your child desires to only play on the travel basketball team if your child makes a travel basketball team.
Note the participation fee will be credited to the travel team's budget

Complete other side of form

Wadsworth Youth Basketball League

I. INSURANCE COVERAGE

The Wadsworth City Schools, City of Wadsworth and the Wadsworth Youth Basketball League or any of their officials will not assume financial responsibility for injuries received while practicing or playing games in the Wadsworth Youth Basketball League.

Please check the appropriate box and sign on the line below indicating your insurance coverage.

I believe that my medical insurance provides adequate coverage, and accordingly I will be responsible for any medical expenses incurred as a result of an injury while my child is participating in the Wadsworth Youth Basketball League.

I do not have medical insurance, but I will assume financial responsibility for any injuries to my child as a result of participating in the Wadsworth Youth Basketball League.

II. CONSENT FOR TREATMENT (Select a or b)

- a) In the event of an accident, and neither I nor my emergency contact can be reached in reasonable attempts, I give my consent for emergency treatment at the nearest hospital. Please notify my Doctor or Dentist per hospital procedures:

Doctor: _____ Phone: ____-____-_____

Dentist: _____ Phone: ____-____-_____

- b) I do not give my consent for emergency medical treatment. In the event of illness or injury, I want the Wadsworth Youth Basketball League to:

III. WAIVER

In consideration of your accepting this registration, I hereby, for myself, my heirs, executors and administrator, waive and release any and all rights and claims I may have against the city of Wadsworth, Ohio; The Wadsworth City Schools; The Wadsworth Recreational Department; and The Wadsworth Youth Basketball League or any of their officials for all damages and injuries suffered by me or participating child while participating in the program

Parent's Signature: _____ Date: _____