



PLEASANT VALLEY YOUTH ASSOCIATION

Team #

BASKETBALL Player Registration Form

Check one: ___ Ages 10-15 Competitive \$80. ___ U9 Intramural \$60 ___ Ages 7 & 8 Instructional \$35.
___ Trying out for school team

New Player ___ Returning Player ___ Team Name _____

PLAYER NAME (print) _____ Circle: MALE/ FEMALE

ADDRESS _____ CITY _____ TOWNSHIP _____ ZIP _____

PHONE _____ PRESENT GRADE _____

BIRTH DATE ____/____/____ AGE AS OF SEPTEMBER 1 (this year) _____

PARENT EMAIL (print) _____

EMERGENCY CONTACT or PARENT CELL PHONE _____

UNIFORMS:

Competitive Players will be supplied with a UNIFORM that must be returned or you will be charged \$50.00

JERSEY SIZE: (circle) ADULT S M L XL XXL SHORT SIZE: S M L XL XXL

Instructional receive a T-Shirt, which they keep and Intramural Players receive a jersey, which they keep.

T-SHIRT SIZE: (circle) YOUTH M L ADULT S M L XL

I/We, the parent(s)/guardian(s) of the above minor participant do hereby grant permission for him/her to participate in Pleasant Valley Youth Association (herein PVYA) Basketball. In granting this permission, I assume all responsibilities & liabilities for any physical injury that may occur or property damage that may involve my child, and cannot hold PVYA or it's officers liable in any way. In assuming this responsibility, I understand that basketball is an activity that can cause injury & therefore will allow my child to participate knowing the risk of personal bodily injury is possible. I also understand that the property where this activity is held, and the equipment involved, is not mine and therefore my child does not have the right to damage or misuse it in any way. Thus, I will pay for any property damage that may occur as a result of inappropriate behavior or activity involving my child. I also understand that pulling fire alarms or dialing 9-1-1 from payphones in any facility is the same as property damage and I assume all costs involved, which could include legal fees or costs imposed by entities other than PVYA or Pleasant Valley School District.

Should my child suffer injury, I give my permission (in my absence) for the coaches and PVYA representatives to treat him/her in an appropriate manner or to take him/her by ambulance to an appropriate medical facility for emergency treatment. I will assume the financial obligations of all medical bills if any should occur. It is my responsibility to notify coaches and/or representatives of PVYA about any medical conditions that may affect my child's ability to participate in this activity. Please note that PVYA representatives and coaches will always act in the best interest of all children.

I/We have thoroughly read this form and agree to the terms listed by the PVYA.

Print Name _____ Signature _____

Print Name _____ Signature _____

Date _____

Administrative Use Only: Birth Certificate ___ Birth Certificate On File ___
FEE Paid \$ _____ check # _____ / cash ___ Parent is Coaching ___