

Reg. No. _____

Shirt Size _____
Height _____

MASSENA BASKETBALL ASSOCIATION REGISTRATION FORM

PLAYER'S NAME _____ BIRTH DATE: _____

PLAYER'S ADDRESS _____ PHONE: _____

TOWN: _____ ZIP: _____ AGE: _____ GRADE: _____

EMAIL: _____ GENDER: _____ M _____ F

DID THE PLAYER PARTICIPATE LAST YEAR? [] YES [] NO

PRIMARY PARENT'S NAME: _____ (CHILD'S PLACE OF RESIDENCE)

OPTIONAL CONTACT NAME: _____ PHONE: _____

By signing below, the player and parents/guardians agree to follow all Massena Basketball Association rules, By-Laws, policies and procedures. Copies are available upon request or at <http://www.massenabasketball.com> [] (initial here)

I, the parent/guardian of the above named player registering in Massena Basketball Association (MBA), hereby give my permission and approval to participate in any and all of the MBA activities including transportation to and from them. [] (initial here)

I know that participation in basketball may result in serious injuries and protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless Massena Basketball Association, the organizers, sponsors, Board of Directors, Coaches, participants and persons transporting my child whether the result of negligence or for any other cause. [] (initial here)

PARENT'S SIGNATURE: _____ DATE: _____

MBA OFFICE USE ONLY

[] CASH [] CHECK# _____ No. OF PLAYERS _____ TOTAL\$ _____

DATE: _____ MBA OFFICIAL: _____