

# CHAZY BASKETBALL

## YOUTH BASKETBALL REGISTRATION FORM

COMPLETE ONE FORM PER CHILD

Check here if interested in basketball camp ( )

Check here if interested in 3 v 3 basketball league ( )

Check here if interested in 10,000 Shot Club ( )

Please circle one (t-shirt size): Youth SM MED L XL Adult SM MED L XL

**Participant's Name** \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Legal Guardian's Name** \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### IN CASE OF EMERGENCY

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

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Participant's Allergies \_\_\_\_\_

Participant's Medical Conditions \_\_\_\_\_

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### WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for \_\_\_\_\_  
to participate. I will not hold the **CLINTON COUNTY YOUTH BUREAU, TOWN OF CHAZY,**  
**TOWN OF CHAZY YOUTH COMMISSION** and/or its employees responsible in the case of accident  
or injury as a result of this participation. I understand that this completed form must be in the possession  
of the TOWN OF CHAZY YOUTH COMMISSION prior to participation in this program.

**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_