



WATERLOO COMMUNITY CENTER GIRLS BASKETBALL – 2023/24

GRADES 3 – 6

REGISTRATION INFORMATION:

- **DEADLINE: FRIDAY 10/27.**
- **FEE: \$30** (MAKE CHECKS PAYABLE TO: WATERLOO COMMUNITY CENTER)
- DELIVER COMPLETED REGISTRATION & PAYMENT TO THE WATERLOO COMMUNITY CENTER, 3 OAK ST., OR MAIL IT TO 41 W. MAIN ST., WATERLOO, NY 13165.
- ANY QUESTIONS PLEASE CALL 315-539-5309.

NAME _____ BIRTHDATE _____

ADDRESS _____ PHONE _____

GRADE _____ JERSEY SIZE (CIRCLE ONE): YS YM YL AS AM AL AXL

PARENT/GUARDIAN INFORMATION:

NAME _____ PHONE _____

NAME _____ PHONE _____

*EMAIL ADDRESS _____

ANY MEDICAL PROBLEMS/ALLERGIES? _____

EMERGENCY CONTACT NAME & # (OTHER THAN PARENT/GUARDIAN) _____

THE NAMED APPLICANT TO PARTICIPATE IN THE ABOVE MENTIONED PROGRAM IS REGISTERING WITH THE UNDERSTANDING THAT CERTAIN ACTIVITIES REQUIRE A MINIMUM LEVEL OF FITNESS AND HEALTH (PHYSICAL, MENTAL, AND EMOTIONAL) AND EACH PERSON HAS A DIFFERENT CAPACITY FOR PARTICIPATING IN THESE ACTIVITIES.

THE ABOVE NAMED PARTICIPANT WARRANTS BEING PHYSICALLY FIT TO PARTICIPATE AND UNDERSTANDS THE CHOICE TO PARTICIPATE BRINGS WITH IT THE ASSUMPTION OF THOSE RISKS AND RESULTS WHICH ARE PART OF THEIR PARTICIPATION.

THEY FURTHERMORE WAIVE AND RELEASE THE WATERLOO COMMUNITY CENTER AND THEIR STAFF FROM ANY AND ALL LIABILITY FOR INJURIES WHICH MAY OCCUR WHILE PARTICIPATING IN THE ABOVE PROGRAM AND WILL HOLD THE WATERLOO COMMUNITY CENTER AND ITS STAFF HARMLESS FOR ANY AND ALL MEDICAL EXPENSES INCURRED.

MY CHILD'S COACH AND/OR DIRECTOR HAVE MY PERMISSION TO SEEK MEDICAL HELP IN THE EVENT OF INJURY OR SICKNESS INVOLVING MY CHILD.

PARENT/GUARDIAN _____ DATE _____
(Signature)

VOLUNTEER COACHES:

NAME: _____ PHONE # _____

