

Washington City Boys 10th-12th Basketball League



Coach: \_\_\_\_\_ Team Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Name (Please Print)	Phone#	Grade	Parent/Guardian Name (Print)	Parent/Guardian Signature
1.)				
2.)				
3.)				
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17.)				
18.)				

By signing this form, I agree and acknowledge the following: That all information above is accurate and any fraudulent information may result in myself or team to be removed from the league. Also, that I am familiar with the physical activities/sports for which I am registering to participate, or participating in, and understand that the activities/sports may include physical contact, strenuous exercise, and could result in personal injury. Knowing these risks, I hereby agree to waive, release and discharge Washington City, its employees and agents from all claims, injuries, damages or actions of any kind or nature arising out of my participation in the activities/sport or use of the facilities which may be brought by myself and anyone who might make claim on my behalf.