



YOUTH BASKETBALL LEAGUE REGISTRATION FORM

PLEASE CHECK ONE: MALE FEMALE

PLEASE PRINT IN ALL AREAS CLEARLY

CHILD'S FULL NAME: _____

Home Address: _____

Date of Birth: _____

City, State

Zip

Age on 11/01/2016: _____

AGE DIVISION: (CHECK ONE)

5/6 YR OLD 7/8 YR OLD 9/10 YR OLD 11/12 YR OLD 13/14 YR OLD

For ages 9/10 and up, please check one of the two divisions: SILVER GOLD

PARENTAL/GUARDIAN INFORMATION:

FATHER/GUARDIAN NAME: _____

HOME #: _____ CELL#: _____

EMAIL: _____

MOTHER/GUARDIAN NAME: _____

HOME #: _____ CELL#: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____ BEST CONTACT #: _____

PARTICIPANT MEDICAL HISTORY

Child has the following medical conditions:

Current medications, special dietary needs, allergies:

Other information: _____

Child's Limitations: _____

FULL SPORTS UNIFORM SIZE

(Please consider ordering 1 size larger)

(Please see our uniform sample sizes on rack; feel free to have child try on.)

YOUTH: YS YM YL

ADULT: AS AM AL AXL AXXL AXXXL

IF POSSIBLE, PLEASE PLACE MY CHILD ON THE SAME TEAM AS:

PLEASE NOTE: We will do our best to place your child on your preferred team. However, it is NOT GUARANTEED.

PREFERRED COACH (NAME): _____

BIRTH CERTIFICATE VERIFICATION: _____



REFUND POLICY

Administration will consider Requests for Refunds on an individual basis, reviewing pertinent medical and/or extenuating circumstances. Requests for Refunds must be made within ninety (90) days of payment.

PARENTS' CODE OF ETHICS

I HEREBY PLEDGE TO PROVIDE POSITIVE SUPPORT, CARE, AND ENCOURAGEMENT FOR MY CHILD PARTICIPATING IN YOUTH SPORTS, BY FOLLOWING THIS PARENTS' CODE OF ETHICS PLEDGE:

- I WILL ENCOURAGE GOOD SPORTSMANSHIP BY DEMONSTRATING POSITIVE SUPPORT FOR ALL PLAYERS, COACHES, AND OFFICIALS AT EVERY GAME, PRACTICE, OR OTHER YOUTH SPORTS EVENT.
- I WILL PLACE THE EMOTIONAL AND PHYSICAL WELL-BEING OF MY CHILD AHEAD OF A PERSONAL DESIRE TO WIN.
- I WILL INSIST THAT MY CHILD PLAY IN A SAFE AND HEALTHY ENVIRONMENT.
- I WILL SUPPORT COACHES AND OFFICIALS WORKING WITH MY CHILD, IN ORDER TO ENCOURAGE A POSITIVE AND ENJOYABLE EXPERIENCE FOR ALL.
- I WILL DEMAND A SPORTS ENVIRONMENT FOR MY CHILD THAT IS FREE OF DRUGS, TOBACCO AND ALCOHOL, AND WILL REFRAIN FROM THEIR USE AT ALL YOUTH SPORTS EVENTS.
- I WILL REMEMBER THAT THE GAME IS FOR YOUTHS, NOT FOR ADULTS.
- I WILL DO MY VERY BEST TO MAKE YOUTH SPORTS FUN FOR MY CHILD.
- I WILL ASK MY CHILD TO TREAT OTHER PLAYERS, COACHES, FANS AND OFFICIALS WITH RESPECT, REGARDLESS OF RACE, SEX, CREED OR ABILITY.
- I PROMISE TO HELP MY CHILD ENJOY THE YOUTH SPORTS EXPERIENCE BY DOING WHATEVER I CAN, SUCH AS BEING A RESPECTFUL FAN, ASSISTING WITH COACHING OR PROVIDING TRANSPORTATION.
- I WILL REQUIRE THAT MY CHILD'S COACH BE TRAINED IN THE RESPONSIBILITIES OF BEING A YOUTH SPORTS COACH AND THAT HIS/HER COACH UPHOLD THE COACHES' CODE OF ETHICS.

HOLD HARMLESS AGREEMENT

We hereby request that our child, _____, be permitted to participate in the Bernalillo County Sports Program's Youth Basketball League, for the Fall/Winter 2016-2017 Season.

If our request is granted, we understand and agree to hold harmless the County of Bernalillo, Albuquerque Public Schools, Sports Officials, Bernalillo County Employees and Contractors, and those assisting in the Youth Basketball League from any claims, suits, actions or causes of action arising out of any accident/ incident or conduct involving us or our child. This includes but is not limited to: the costs and reasonable attorney's fees associated with any claims, suits, actions or causes of action.

PARENT/GUARDIAN SIGNATURE

DATE