



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 05/1/2020: _____

AGE DIVISION: (CHECK ONE)

- 5/6 YR OLD
- 7/8 YR OLD
- 9/10 YR OLD
- 11/12 YR OLD
- 13/14 YR OLD
- 15-17 YR OLD

For ages 11/12 & 13/14, please check one of the two divisions: SILVER (Beginning/Intermediate) GOLD (Advanced)

PARENTAL/GUARDIAN INFORMATION:

FATHER/GUARDIAN NAME: _____

HOME #: _____ CELL#: _____

EMAIL: _____

MOTHER/GUARDIAN NAME: _____

HOME #: _____ CELL#: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____ BEST CONTACT #: _____
(Other than parents)

PARTICIPANT MEDICAL HISTORY

Child has the following medical conditions:

Current medications, special dietary needs, allergies:

Other information: _____

Child's Limitations: _____

(Samples are available for try-on in sports office)

FULL SPORTS UNIFORM SIZE

(If in doubt, please consider ordering 1 size larger)

(Jersey tops and bottoms come as a set and will be the same size. Please order accordingly.)

- 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: _____

Verification by Staff Only

REFUND POLICY

Requests for Refunds must be made within ninety (90) days of payment. Sports program management will consider requests for Refunds on an individual basis, reviewing pertinent medical and/or extenuating circumstances. If approved for processing, the child's full uniform must be returned (in clean condition). If payee is unable to return full uniform, the following costs will be deducted from the refund: Non-return of jersey top: \$13.00; non-return of shorts: \$13.00 - for a maximum charge of up to \$26.00 for the full cost of replacement. The following charges are considered non-refundable: The \$15.00 Registration Fee and, if applicable, the \$25.00 charge taken after the Early Bird Registration deadline.

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.

Signature of Parent/Guardian: _____ **Date:** _____

Photo/Video Release

Your child may be photographed and/or videotaped at various Bernalillo County-sponsored events. Please review and sign below:

I, _____, the parent/legal guardian of _____, give permission for my child's photograph or video to be taken and used by Bernalillo County for any and all promotional materials or other publications. I understand that I will not receive compensation for the use of any photo or video and further waive any ownership rights associated with any photo, video or other material my child might appear in.

Signature of Parent or Guardian: _____ **Date:** _____

HOLD HARMLESS AGREEMENT

We hereby request that our child, _____, be permitted to participate in the Bernalillo County Sports Program's Youth Basketball League (YBL) for the Summer 2020 Season. If our request is granted, we understand and agree to hold harmless the County of Bernalillo, Albuquerque Public Schools, United States Specialty Sports Association (USSSA), 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