

2009/2010 BBAA Basketball Registration

#: _____

Last Name:		First Name:		
Address:		Grade:		Years Played:
		Birth Date:		Age:
Height:	' "	Weight:	lbs	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Father:		Cell Phone:		
Mother:		Cell Phone:		
Email:		Home Phone:		

Shirt Size: <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL Shorts Size: <input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL

Basketball Levels and Registration Fees

- 1st and 2nd Grade Co-Ed ... \$65
 5th and 6th Grade Boys ... \$95
 7th and 8th Grade Boys ... \$95
 3rd and 4th Grade Boys ... \$95
 5th and 6th Grade Girls ... \$95
 7th and 8th Grade Girls ... \$95
 3rd and 4th Grade Girls ... \$95
 *** *Non-residents must pay an additional \$10 non-resident fee* ***

I Would Like To Volunteer: <input type="checkbox"/> Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Will Coach If Needed
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Waiver, Release, Covenant Not To Sue and Indemnity Agreement

I understand and accept that there are risks involved in participating in any recreational activity. I am aware of those risks, and I am voluntarily registering my child/children in this activity with knowledge of the risks involved. I agree to accept all such risks of injury, death, and/or property damage. I agree to the terms of this waiver, release, covenant not to sue and indemnity agreement as set forth herein. In case of injury or illness, I give my consent to emergency transportation and the administration of first aid, medical, and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and any related or subsequent medical and/or dental bills. I acknowledge that the Bensenville Boys Athletic Association (Hereinafter "BBAA") has not purchased and does not provide any medical or accident insurance to cover such expenses. Any such insurance is my responsibility. I waive, release, absolve indemnity and agree to hold harmless the BBAA, its members, officers, coaches, volunteers or any other representative of the BBAA against any and all cause of action, claims, demands, losses, expenses, and/or ability. In addition, I understand that my conduct, if deemed inconsistent with the rules of good sportsmanship and fair play or with BBAA Rules and Regulations, may result in my expulsion from this or other BBAA programs.

I have fully read this document and understand it's meaning and legal impact thereof. I voluntarily, of my own free will and without distress or coercion, sign this waiver, release, covenant not to sue and indemnity agreement.

Parent / Guardian Name (Please Print): _____

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

BBAA USE ONLY

Amount Received \$ _____ **Method (Circle)** Cash Check Credit Card **Check No.** _____