

**SHELTON BIDDY BASKETBALL  
REGISTRATION FORM  
2008-2009**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ Check if Telephone is Unlisted: \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS FORM:**

I, the parent of the above-named child, hereby give permission for participation in the activities of the Shelton Bidy Basketball program during the **2008-2009** season. I agree to assume all risks and hazards associated with participation, and I agree not to hold the Shelton Bidy Basketball Program and its volunteers, sponsors, and employees responsible for risk associated with participation. In case of injury to my child during participation, I understand that it is my responsibility for any medical care. I understand that all programs are organized and administered by volunteers whose training and experience as a coach or advisor may not extend beyond that provided by the Shelton Bidy Basketball Program. I also understand that the Shelton Bidy Basketball Program recommends that a parent be present at all activities, and I acknowledge that I have notified program authorities of any medical, learning, or emotional problem which might affect my child's ability to participate. I understand that the Shelton Bidy Basketball Program reserves the right to suspend the participation of any family, which does not comply with its guidelines for registration, and participation.

**NO REFUNDS WILL BE GIVEN ONCE THE FIRST GAME HAS BEEN PLAYED IN THE PLAYER'S DIVISION.**

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list name(s) of any sibling(s) also participating: \_\_\_\_\_

Please describe any medical, learning, or emotional problem, which might affect participation: \_\_\_\_\_

Please note ways in which you might be able/willing to volunteer:

Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

-----**PLEASE DO NOT WRITE BELOW THIS LINE**-----

**MM** \_\_\_\_\_ **JV** \_\_\_\_\_ **VARSITY** \_\_\_\_\_ **JR. COUSY** \_\_\_\_\_ **SR. COUSY** \_\_\_\_\_

**LEAGUE AGE:** \_\_\_\_\_ **RETURNING:** \_\_\_\_\_ **NEW:** \_\_\_\_\_ **TEAM** \_\_\_\_\_

**AMOUNT PAID:** \_\_\_\_\_ **METHOD OF PAYMENT** \_\_\_\_\_ **CHECK #** \_\_\_\_\_

**SIBLING 1:** \_\_\_\_\_ **TEAM:** \_\_\_\_\_

**SIBLING 2:** \_\_\_\_\_ **TEAM:** \_\_\_\_\_