WINTER 2012 REGISTRATION FORM

YOUTH BASKETBALL LEAGUE – GRBB (FHYBL/LYBL)

Participants must complete this form. Please use one form per participant. **Program fees are non-refundable**.
Please contact us if a situation arises that prohibits your participation in the program. Thank you.

PLEASE COMPLETE ALL PROGRAM INFORMATION:

Player Name: _____ HEIGHT: _____

Birthdate: _____ Age: _____ School: _____

GRADE (circle one): K 1ST 2ND 3RD 4TH 5TH 6TH

LEAGUE PLAY: SATURDAYS BEGINNING JAN 7th @ MVP FIELDHOUSE

Fee: **$89 PER PLAYER** Player Rating: (circle one) Developing 1 Average 2 Skilled 3

Jersey Size (circle one): YM YL AS AM AL

Gender (circle one): MALE FEMALE

ONLINE REGISTRATION & ADDITIONAL INFORMATION CAN BE FOUND AT: www.grbasketball.com

MAKE CHECKS PAYABLE TO: GR BASKETBALL

REGISTRATION DEADLINE: DECEMBER 30th, 2011

Please mail your check payable to GR Basketball along with your registration form to:
GR BASKETBALL – Attn: FHYBL 4949 Glen Meadow Ct. SE Grand Rapids, MI 49546

You may drop your check payable to GR Basketball along with your registration form in person to:
MVP FIELDHOUSE – Attn: FHYBL 5435 28th Street Court SE Grand Rapids, MI 49546

Parents/Guardian's Names: _____

PARENT INTERESTED IN COACHING: YES NO IF YES, NAME: _____

***EMAIL ADDRESS:** _____

*SECOND EMAIL ADDRESS: _____

Phone: (H) _____ Dad (C): _____ Mom (C): _____

In consideration of my participation in the activities managed by Grand Rapids Basketball, Inc., I hereby, for myself and each of my associates and my and their respective heirs, assigns, and legal representatives, release and forever discharge Grand Rapids Basketball, Inc. and all its affiliated organizations, officers, agents, employees, acting officially or otherwise, from any and all claims, demands, actions, or causes of action on account of my death or on account of any injury to me, which may occur from any cause during such participation in the program. This agreement does not cover claims, demands, actions, or causes of action arising from the willful or wanton negligence of the Facility or its officers, agents, or employees.

I/We have read the above waiver and release and acknowledge that I/we give up substantial rights by signing it and sign it voluntarily.

_____

Parent/Guardian Signature/Relationship (if participant is under 18 years old) Printed Name of Parent/Guardian