

WINFIELD YOUTH BASKETBALL LEAGUE

WWW.WINFIELDYBL.COM

2007-08 SEASON

Send to: Winfield Youth Basketball League, PO Box 330, Winfield, WV 25213

Player Last Name _____ First _____

Home Address _____

Home Phone _____ Other Phone _____

E:MAIL Address _____

Date of Birth _____ Age _____

Current Grade _____ School Attended _____

Medical Insurance Company _____ Plan I.D. Number _____

Emergency Contact (*Other Than Parent*) _____ Number _____

Physician _____ Physician Phone Number _____

PLEASE LIST ANY MEDICAL CONDITIONS THAT WINFIELD YBL COACHES OR EMERGENCY PERSONNEL SHOULD BE AWARE OF (*i.e. ASTHMA, ALLERGIES, DIABETES*)

PANTS SIZE: _____ JERSEY SIZE _____ NUMBER REQUESTED _____

I/We, as the parent(s) or legal guardian(s) of the youth involved in the Winfield Youth Basketball League, hereby give my approval for their participation in all league activities and hereby waive, release, absolve, indemnify and agree to hold harmless Winfield Youth Basketball League, the organizers, sponsors, supervisors, participants and persons transporting my/our child/children to and from activities for any claim arising out of an injury to my/our child/children whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. Based on the fact that my child is a minor, should any occasion arise regarding the health and welfare of my child which would require authorization or approval from me, please be advised that I give the right to grant said authorization to Winfield Youth Basketball League and its officials.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name (PLEASE PRINT) _____

Special Requests or Notes _____

MAKE CHECK PAYABLE TO: WYBL

\$55 for the first child in the league

\$45 for the second, etc. child in the league

=====

LEAGUE USE ONLY: Amount Paid _____ Cash _____ Check # _____