



Windham Youth Basketball Registration Form

Date _____

Player Name: _____ Phone: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Gender: Male Female Grade _____ Age _____ Height _____ Weight _____

Shirt Size(Circle one): Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL Adult XXL

Parent Email Address: _____ # Yrs Playing Experience: _____

Parent or Guardian Name: _____ Phone: _____ Relationship _____ Cell# _____

Parent or Guardian Name: _____ Phone: _____ Relationship _____ Cell# _____

Emergency Contact: _____ Phone: _____ Relationship _____ Cell# _____

Medical Information

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____

Insurance Carrier: _____ Policy Number _____

Medical History - Allergies, Medications, Special Conditions, etc. (please list):

- It is the obligation of the Parent/Guardian to disclose any/all allergies, medications or special conditions. WYBA assumes no responsibility to make any further inquiry outside of this form.
- In the event reasonable attempts to contact the parents or guardians have been unsuccessful, consent for the administration of any treatment deemed necessary by preferred physician or dentist or, in the event they are not available, by another licensed physician or dentist is granted. Permission for the transfer of the child to preferred hospital when reasonably accessible is also granted.

NOTE: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery is PERFORMED.

Participant Name: _____

Parent or Guardian: _____ Date: _____

I/We, the parents and/or guardian of the above named candidate for a position on a WYBA team, hereby give my/our approval to participate in any and all WYBA activities. I/We assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the WYBA, the Town of Windham, and its agents and employees from and against any and all suits, actions and damage arising out of, connected with, or resulting from participation from this program/event. I/We agree to return upon request the equipment issued to my/our child in as good a condition as when issued except for normal wear and tear.

WYBA reserves the right to use all Photos/Video of WYBA activities for the sole purpose of WYBA promotions.

Signature _____ Date _____

Parent or Guardian

Special Requests (Although not guaranteed, WYBA will considered requests on case-by-case basis):