

Signal Mountain Youth Basketball League Registration
League (please circle one):
Girls K-1; 2-3; 4-5; 6-8
Boys K-1; 2-3; 4-5; 6-8
Fee = \$60 per child

Child's Name _____ **Date of Birth** _____ **Grade** _____

Child's Social Security Number _____

Address _____ **Phone** _____

Email _____ **Alternate Phone** _____

Father's Name _____ **Mother's Name** _____

Signal Mountain Resident _____ **Non-Resident** _____

Parental/Guardian Authorization

I, _____, the parent or guardian of the Child, and on behalf any parent or guardian of the above named Child participating in the Signal Mountain Youth Basketball League (the "League"), do hereby give approval to the Child's participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify, and agree to hold harmless the League, the supervisors, the organizers, the sponsors, the participants, and the person transporting the Child to and from activities, for any claim arising out of injury to the Child, except to the extent and in the amount covered by applicable accident or liability insurance, if any, held by the League.

I also grant permission to managing personnel or other League representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic if the child becomes ill or injured while participating in League activities when neither parent is available to grant authorization for medical treatment.

I hereby acknowledge that I have been provided the Code of Ethics and By-Laws of the League and that prior to signing this application, I have read and understood the Code of Ethics. I and any parent or guardian of the above named Child do agree to abide by and be bound by these Code of Ethics and any decision of the League's Board of Directors with respect to the application of the Code of Ethics.

Signature _____

Date _____

Amount Paid _____ Cash _____ Check Number _____

Shirt Size: **Adult** S M L **Child** S M L

Coaching: I would be interested in coaching: Head Coach _____ Assistant _____

I would like to help the league in any way that I can, contact me Yes _____