



# SYAL Basketball Participation Registration 2020



Date: \_\_\_\_\_

\$40 per Player *Check or Money Order made payable to SYAL (no cash)*

Participant's Full Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_

**Maximum Age of 15  
By April 15, 2020**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #( ) \_\_\_\_\_ - \_\_\_\_\_ 2nd Phone #( ) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Shirt Size (circle) Youth: M,L Adult: S, L, XL, XXL

Previous Experience (circle) AAU, Travel Team, School, other

I understand that even when every responsible precaution is taken, accidents can sometimes happen. Therefore in exchange for the SYAL allowing me, my child or other family members to participate in SYAL activities, I understand and expressly acknowledge, that when I, my child or other families attend the SYAL's facilities or programs, or when using any equipment located on or off the SYAL's premises, we do so at our own risk. I release the SYAL and its staff member's, it's Directors, Officers and agents from all liability for injury, loss or damage connected in any way whatsoever to participation in SYAL activities, whether on or off the SYAL's premises. I understand that this release includes, but is not limited to, any claims based on negligence, action or inaction of the SYAL, its staff, directors, officers, agents representatives and guests. I have read the form and grant permission for my child to participate in all activities provided by SYAL. I authorize the staff of SYAL, or appropriate medical personnel to administer emergency medical treatment to me, my child or other family members. I also understand that I am solely responsible for all costs incurred as a result of such treatment. I have read and voluntarily signed this Authorization and Release.

Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Printed Name \_\_\_\_\_

<u>OFFICE USE ONLY</u>	
Amount paid \$ _____	Check or Money Order # _____
Staff Initials _____	Date entered _____