

Division: \_\_\_\_\_

Team: \_\_\_\_\_

**Portsmouth Youth Basketball  
2007-2008 Registration Form**

**Player Information**

Player Name: \_\_\_\_\_

Male / Female  
(please circle)

Street Address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

School Grade: \_\_\_\_\_

School: \_\_\_\_\_

Yrs. Basketball Experience: \_\_\_\_\_

**Parent Information**

Father/Guardian: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent Interested in:                      Coaching                      Team Parent                      Sponsor                      Board Member

**Parental Release and Consent**

I hereby give approval for the participation of my child in all Portsmouth Youth Basketball activities and I assume all risk and hazards incident to such participation including transportation to and from said activities. I/We waive, release, absolve, indemnify, defend and agree to hold harmless Portsmouth Youth Basketball, the organizers, the officers, the board of directors, participants, officials and persons from such activities from any claims arising out of injury to my child.

Parent/Guardian Signature: \_\_\_\_\_

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

**Medical Information and Permission**

I/We do hereby authorize any person in a responsible position within the Portsmouth Youth Basketball program, in the event of an emergency, to authorize emergency medical treatment for my child named herein. I/We agree to hold harmless such persons and such emergency care centers for such act and agree to assume financial responsibility for said treatment.

Physician: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Allergies or Medical Conditions/Restrictions: \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

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

**Please complete an individual form for each child and a check made payable to PYB and mail to Portsmouth Youth Basketball, PO Box 171, Portsmouth, RI 02871  
Registration Cost: \$85/Rookies (Grades 2 & 3), \$90/NCAA (Grades 4 & 5), \$95/NBA (Grades 6, 7 & 8)**