PINEVILLE YOUTH BASKETBALL

Please Circle: Basketball Player Cheerleader

(Sign Up Fee: \$30.00 per child)

Player Information:					
Name:					
Address:					
Phone:	_ Age:	Grade:	Date of Birth:		
Parent / Guardian:					
Sibling playing or cheering:				Age:	
Emergency Contact:			Phone:		
Insurance Company Name:					
Policy Number:					
Permission and Liability Wavier:					
I give my permission to my child to participate in basketball or cheerleading sponsored by Pineville Youth Basketball (PYB). I further understand that participating in such an activity may cause injury to my child just by the nature of the activity. I take full responsibility for any injuries suffered by my child and will not hold PYB, the board of directors, coaches, or the facility responsible for any injury, loss or damage.					
further assure that my child has no health prob basketball or cheerleading. I am solely responsi for monitoring their physical condition during su	ble for their safety	y and fully inspect	ed the facility used by PYB		
I fully release PYB, its officers, coaches or any ot and further agree that this applies to my heirs, a					
have read and fully understand the above pern	nission and liabilit	y wavier and agre	e to abide by it.		
arent / Guardian Signature: Date:					
League Use Only					
Short Size:		Please Mai	l With Full Payment To:		
Shirt Size:		Pineville Yo	uth Basketball		
Physical:		P.O. Box 1566			
Sign Up Fee Paid:		Pineville, W	V 24874		

Please make checks payable to: Pineville Youth Basketball