

THE CHESTER PRESBYTERIAN BASKETBALL ASSOCIATION  
CHESTER PRESBYTERIAN CHURCH &  
CHESTERFIELD COUNTY PARKS & RECREATION  
PROUDLY PRESENTS THE  
YOUTH BASKETBALL PROGRAM  
2016

REGISTRATION FORM

AGE (on 12/01/15) \_\_\_\_\_ BIRTH DATE \_\_\_ / \_\_\_ / \_\_\_ BIRTH CERTIFICATE: Y / N  
MALE / FEMALE HEIGHT \_\_\_\_\_' \_\_\_\_\_" WAIVER OF LIABILITY: Y / N

PLAYER'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

ADREESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PREVIOUS BASKETBALL EXPERIENCT:  
YEARS IN THIS PROGRAM: \_\_\_\_\_

OTHER BASKETBALL EXPERIENCE: \_\_\_\_\_

**Due to potential scheduling problems, anyone participating in another league is not encouraged to participate in this league; no preferential treatment will be given to accommodate scheduling conflicts.**

PARENTS INTERESTED IN PARTICIPATING: Yes / No (Circle One)

If yes, please check your preference:

_____ COACH	_____ ASSISTANT COACH
_____ SCOREKEEPER	_____ TIMEKEEPER
_____ REFEREE	_____ CHEERLEADING

Comments: \_\_\_\_\_

THERE WILL BE A COACHES' DRAFT -- ALL TEAM SELECTIONS WILL BE FINAL

**(Over please)**

DO NO WRITE BELOW THIS LINE

JERSEY DEPOSIT: CASH CHECK \_\_\_\_\_

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WAIVER OF LIABILITY

Player's Name:

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I/We, the parents or guardians of the above named candidate, do hereby give my/our approval to his/her participation in any and all of the activities of the Youth Basketball Program during the current season. In case of injury to my/our child, I/we do hereby release, absolve, indemnify and hold harmless the Chesterfield County Department of Parks and Recreation, Chester Presbyterian Church and the Chester Presbyterian Basketball Association, team sponsors, supervisors, referees, coaches, assistant coaches, and all of them and waive all claims against any or all of them.

MUST BE SIGNED BY ONE PARENT/GUARDIAN.

\_\_\_\_\_  
Father's Signature

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

OR

\_\_\_\_\_  
Mother's Signature

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