

N. Arlington Boys Basketball Player Registration

Name: _____ D.O.B.: ___/___/___
Address: _____ Phone: _____
School: _____ Grade: _____

Shirt Size YM: ___ YL: ___ MS: ___ MM: ___ ML: ___ MXL: ___

I, the parent or legal guardians of the above named child hereby give my approval to his participation in any and all NABB league activities.

I assume all risks and hazards incidental to such participation including transportation to and from activities; and I hereby waive, release, absolve and agree to hold harmless the league, executive board, sponsors, participants for any claim arising out of injury to my child except to the extent of and in the amount covered by accident or liability insurance.

Parent/ Guardian Signature: _____ Date: ___/___/___

Note: If you are interested in coaching or assisting, please indicate here:
HEAD COACH: _____ ASSISTANT: _____

For League Use: Circle One: Draft / Same Team

Of Children: _____ Registration Fee: _____
(\$60.00)

Total Collected: _____

Check: _____ Cash _____

Initials: _____