

Martha's Vineyard Youth Basketball REGISTRATION FORM

Child's Name: _____ Age: _____ DOB: _____

Sex: M F Height: _____ Grade: _____ School: _____

T-shirt size: _____ (S-M-L in adult size)

Parent's Name: _____ Email: _____

Mailing Address: _____

Town of residence (if different from mailing address): _____

Home Phone: _____ Cell Phone _____

Emergency Contact: _____ Phone: _____

Medical Insurance Name & Number: _____

The MVYB Program may use photographs in which my child appears.

In consideration of your accepting my child's entry, for myself, my child, my heirs, executors and administrators, I hereby waive and release any and all rights and claims for damages I or my child may have against Martha's Vineyard Youth Basketball Program and its representatives, successors and assigns for any and all injuries suffered by myself or my child/children at any activity sponsored by Martha's Vineyard Youth Basketball Program.

I hereby give my son/daughter _____ permission to attend the Martha's Vineyard Youth Basketball Program.

In case of any accident to your child, all efforts will be made to contact the immediate family. If we are unable to do so and emergency medical assistance is needed, we would like to have your permission to proceed with aid. Some hospitals refuse treatment without parental consent.

I give my permission as parent of _____ to allow any medical personnel, with the approval of the coach or chaperone, to give any and all medical assistance needed to care for my child.

Signature: _____ Date: _____

2007-2008 Fee Schedule

1 Player - \$60
2 Players - \$80
3 players - \$95

Return to: MVYB c/o Peggy Stone
P.O. Box 314
West Tisbury, MA 02575

Special Requests: We will make every effort to accommodate requests but cannot guarantee them.

Paid: _____

Check #: _____