

Pembroke Youth Basketball Boys Summer Registration Form

CIRCLE THE ENTERING GRADE IN SEPTEMBER

Date ____/____/____

4th

5th

6th

7th

8th

HS

Is your son playing Travel Summer
Baseball or any other sport that *may*
limit his attendance at basketball?

Circle **Yes** **No**

Player's

Last Name _____

Player's`

First Name _____

Address _____

Email Address (Required) _____

Home telephone (____) _____ - _____

Mobile (____) _____ - _____

Date of Birth ____/____/____

Age _____

School (Sept) _____

Parent / Guardian's Name _____

Please list any physical restrictions that may influence Participation in active athletics:

None _____

Parents / Guardians Please Note:

The Pembroke Youth Basketball does not carry insurance on players and assumes no liability for injuries sustained while participating in the activity. Having read this announcement I hereby approve my son's/ daughter's participation in this activity and agree to hold Pembroke Youth Basketball, it's coaches, directors and managers harmless from any and all actions, claims and damages for personal injuries and disabilities that I and or my child / children may sustain or incur as a result of participation in this program.

Parent / Guardian's

Signature _____

Date ____/____/____

PLEASE COMPLETE PAGE 2 ON THE OTHERSIDE

(Turn Over)

Photo and Media Release Form

We, the undersigned individual(s), grant Pembroke Youth Basketball the perpetual, non-exclusive, royalty-free right and license to record our child's/children's participation and appearance on digital or film photography. These photographs are to only be used in or for Pembroke Youth Basketball written, electronic and web publications (web site). The undersigned Grantor(s) represents that he or she possesses all rights necessary to grant this permission for and in connection with the Purpose. This grant of rights is made voluntarily by the undersigned. The undersigned agree to release and forever discharge Pembroke Youth Basketball, its agents, volunteers, coaches or representatives, from any and all claims in law or equity that the undersigned, their heirs or personal representatives, have or shall have, arising out of the photographs. This release is governed in accordance with the laws of the Commonwealth of Massachusetts.

The undersigned is/are the parent(s) or guardian(s) of the minor named below and has/have the legal authority to execute the above release. The undersigned approve and waive any rights in this release.

Child's Full Name (Print) _____

Parent / Guardian's Signature _____ **Date** ____/____/____

Pembroke Youth Basketball League fully complies with the Massachusetts General Laws, Chapter 272, and will recruit and assign persons in the program in a non-discriminatory manner without regard to sex, race or religion.

The number of boys and girls playing will depend on the amount of parental help. Player capacity is limited and all actual enrollments are based on the date of receipt of a completed application, by an officer or director of Pembroke Youth Basketball.

Parent's Initials: _____

Refund Policy

Pembroke Youth Basketball League will refund application fees for health or medical reasons.

Other refunds will only be granted if the request is made prior to the commencement of the season and the player's slot in the league or the team roster is filled by another player's registration.

Parent's Initials: _____

Pembroke Youth Basketball Use Only

Fee Received by (PYB) _____

Date ____/____/____ Amount \$ _____

Check # _____ Cash _____