SYOSSET GIRLS BASKETBALL LEAGUE INC.

www.syossetbasketball.com

PLAYER____ **PHONE#**___________________ **BIRTH** ____/____/____

(Last) **(First)**

ADDRESS____**ZIP**_________ **SCHOOL**__________ **GR**____

(Street) **(Town)**

e-mail: __|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__

HEIGHT___________ **WEIGHT**__________

REG FEE: $180.00 **AMOUNT PAID: $**_________ **DATE PAID:**__________ **PAYMENT:** **CASH** **CHECK**

NAME AND GRADE OF BROTHERS AND SISTERS ALSO JOINING SBL__________________________________

I/we the parents of the above named player, hereby give approval for her participation in any and all Syosset Girls Basketball League activities during the current season. I/we assume all risks and hazards incidental to such participation including transportation to and from such activities; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless Syosset Girls Basketball, the organizers, the sponsors, supervisors, participants, Syosset School District and persons transporting my/our child except for actual medical expenses not covered by our families primary and secondary insurance carrier.

DATE_____________________ **PARENT/GUARDIAN SIGNATURE**_______________________________________

FOR GRADES 3-6

**** Practices are on Mondays, Tuesday or Wednesday. You may indicate ONE night that your child cannot attend practice. The league will do its best to accomodate, but there are no guarantees.*** ____

The success of the Syosset Girls Basketball League is directly dependent upon family participation as sponsors and coaches. Knowledge of the game is secondary to your desire to work and help our children. Please indicate the manner in which you will participate.

COACH **ASSISTANT COACH** **SPONSOR: $150**