MANHATTAN BEACH YOUTH BASKETBALL (MBYB)
PLAYER REGISTRATION FORM
{please print using a ball point pen}
THIS FORM MUST BE SIGNED

Players Last Name (print please)	Players First Name (print please)	Home Telephone

Address	City	State	Zip Code

Birthdate	Sex (Please Circle)	Grade	School	Experience (Circle)	Played Last Year? (Please Circle)
	BOY GIRL			MBYB Club School of Skills Other: _____	YES NO

PARENT/GUARDIAN INFORMATION	PARENT VOLUNTEER ACTIVITIES (CIRCLE)
Father/Guardian Name: _____ Address (if different) Telephone: _____ Work Telephone: _____ Cell Phone: _____ Email Address: _____	COACH ASST. COACH TEAM DAD COMMISSIONER
Mother/Guardian Name: _____ Address (if different) Telephone: _____ Work Telephone: _____ Cell Phone: _____ Email Address: _____	COACH ASST. COACH TEAM DAD COMMISSIONER

Emergency Contact: Name	Address	Telephone

Participant's Physician Name	Physician Telephone

Weekday Schedule Conflicts
*Please list other sports activities

Reg #_____
Fee_____
FOMBYB_____
Late Fee_____
TOTAL_____
Check#_____
Cash_____

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members, acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of an emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the emergency contact identified above, who is authorized to act on my behalf.

X_____S
ignature of Parent or Guardian Date

PLAYER IS SUBJECT TO IMMEDIATE DISQUALIFICATION IF BIRTHDATE OR GRADE LEVEL IS FALSIFIED

☞ MANHATTAN BEACH YOUTH BASKETBALL CONSENT AND INFORMATION ☜

In behalf of_____ (PLAYER'S NAME), my minor child, I hereby apply for his/her participation in **MANHATTAN BEACH YOUTH BASKETBALL** and to induce **MANHATTAN BEACH YOUTH BASKETBALL** to accept this application. I hereby warrant that both myself and my child are familiar with the risks associated with participation in an active sport such as basketball; furthermore, I warrant that my child is in good health, has no condition or defect which would interfere with his/her participation, or which would be in any way affected by such participation. In short, my child is active, in good health, and anxious to play basketball.

I do hereby agree and consent to my child's participation in **MANHATTAN BEACH YOUTH BASKETBALL** during the current season, and also assume all risks and hazards which are incidental to the conduct of such activities. I hereby release, absolve, indemnify and hold harmless the **CITY OF MANHATTAN BEACH,** the **UNIFIED SCHOOL DISTRICT**, and **MANHATTAN BEACH YOUTH BASKETBALL**, a California non-profit corporation, its officers, directors, employees, agents and any of them, their sponsors, organizers, and supervisors of any and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's participation in **MANHATTAN BEACH YOUTH BASKETBALL**.

I am hereby informed that all registered players are covered by an insurance policy in case of accident or medical emergency while participating in an activity sponsored by **MANHATTAN BEACH YOUTH BASKETBALL**. I further understand that in case of a medical emergency, my own personal medical plan, if I have one, will be used prior to the insurance provided through **MANHATTAN BEACH YOUTH BASKETBALL**. If I do not have a personal plan, the above insurance will take affect immediately.

Participation in competitive athletics may result in serious injury. It is impossible to totally eliminate such occurrences from competitive sports. Players can reduce the risk of serious injury by obeying safety rules, following a proper conditioning program, and maintaining their equipment properly. Even if all these requirements are met, and even if the athlete is in excellent physical condition with perfect equipment, a serious accident may still occur, as a condition of participation in the **MANHATTAN BEACH YOUTH BASKETBALL** program by:

NAME OF PARTICIPANT_____(PLEASE PRINT)

I acknowledge that I read this consent form and knowingly, on behalf of my child, assume all the risks associated with participating in any way in the **MANHATTAN BEACH YOUTH BASKETBALL** program.

PARENT OR GUARDIAN SIGNATURE_____ DATE_____

Registration Fees are as follows: $120 per Child (up to two children) and $250 per family (3 or more children)
Mail your completed registration form along with the applicable fees to:
Manhattan Beach Youth Basketball * P.O. Box 1442 * Manhattan Beach, CA 90266