



LITTLE CHIEFS YOUTH BASKETBALL CLUB 2011-2012 Registration

PLEASE PRINT CLEARLY

PLAYER INFORMATION

LAST NAME, FIRST NAME MIDDLE INITIAL

STREET ADDRESS

CITY, STATE ZIP CODE

()
HOME PHONE

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

GENDER
 Male Female

____/____/____
BIRTH DATE

GRADE
 4 5 6 7 8

SCHOOL
 Fontana Sharon _____
 Reek Walworth

T-SHIRT SIZE
 YS YM YL
 AS AM AL AXL

PARENT/GUARDIAN INFORMATION

HEAD OF HOUSEHOLD

LAST NAME, FIRST NAME MIDDLE INITIAL

OCCUPATION

()
DAYTIME PHONE

()
ALTERNATE PHONE

RELATIONSHIP
 Father Mother
 Guardian

EMAIL ADDRESS

ADDITIONAL PARENT/GUARDIAN

LAST NAME, FIRST NAME MIDDLE INITIAL

STREET ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP CODE

()
DAYTIME PHONE

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ALTERNATE PHONE

RELATIONSHIP
 Father Mother
 Guardian

OCCUPATION

EMAIL ADDRESS

MORE ON BACK

HEALTH INFORMATION

Please indicate any physical limitations (allergies, hearing, sight, etc.) or any additional health information:

WAIVER AND RELEASE

[Please read this form carefully and understand that by registering your minor child/ward for participation in the Little Chiefs Youth Basketball Program, you will waive and release all claims for injuries you or your child/ward might sustain arising out of the program.]

RISK OF INJURY

"I recognize and acknowledge that there are certain risks of physical injury to participants in the Big Foot Little Chiefs Youth Basketball Program (hereafter known as "Little Chiefs") and I agree to assume the full risk of any such injuries, damages or losses regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with the Little Chiefs."

"I do hereby fully release and discharge the Little Chiefs Board of Directors, coaches, volunteer staff, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the Little Chiefs."

MEDICAL ASSISTANCE

"In my absence, I authorize the coaches or other Little Chiefs personnel to use their judgment concerning medical care in case of emergency, illness, or injury of my child/ward during Little Chiefs activities."

I have read and fully understand the waiver and release above. I agree to its terms and conditions.

MODEL RELEASE

"I understand that the Little Chiefs may photograph, record audio, or record video of my child while participating in this program. I permit these photographs or recordings take place and I permit the Little Chiefs to use these photographs or recordings for publication as deemed necessary."

TRY-OUTS AND PLAYING TIME

"I understand that registration does not guarantee my child a position on a Little Chiefs team, nor does it guarantee playing time. I understand that try-outs may be necessary when registration exceeds team roster space. If try-outs are necessary, I understand that these try-outs will take place during the first week(s) of practice. I understand that teams selecting players will have a minimum of three practices before they make cuts, and players that are not selected for a team will receive a refund."

UNIFORM/EQUIPMENT

"I agree to return upon request, any uniform and/or equipment issued. I will return the uniform and/or equipment in as good condition as when it was received (except for normal wear and tear) or I will pay to replace the item(s). I understand that failure to return any portion of a uniform and/or equipment will result in a fee of \$35 per item."

PARENT/GUARDIAN SIGNATURE

DATE

VOLUNTEER SIGN-UP

I will assist for the following during the season:

- Tournament Concessions
- Tournament Coordinator
- Scorekeeper/Clock

- Referee
- Coach
- Sponsor

Other _____

FEES

Make Checks Payable To: Little Chiefs Youth Basketball

Send Registration Form & Fee To: c/o Big Foot Recreation
PO Box 99
Walworth, WI 53184

Participation Fee: \$60 per player; \$120 family maximum

Family maximum does not include the volunteer fees.

Registration Fee: _____ @ \$60 = _____

TOTAL PAID: _____

For Office Use Only

Form of payment

Cash

Check/Money Order # _____

Received by _____