

# Ridgefield Youth Basketball Registration Form 2010/2011

Make checks payable to Ridgefield Community Education  
510 Pioneer Street, Ridgefield WA 98642

Name(First)\_\_\_\_\_ (Last)\_\_\_\_\_

Boy\_\_\_\_\_ Girl\_\_\_\_\_ Age\_\_\_\_\_ Grade\_\_\_\_\_ School\_\_\_\_\_

Parent/Guardian Names\_\_\_\_\_

Mailing Address\_\_\_\_\_ City\_\_\_\_\_ Zip\_\_\_\_\_

Home #\_\_\_\_\_ Work #\_\_\_\_\_ Cell#\_\_\_\_\_

Email Address \_\_\_\_\_

You will receive basketball league updates via email unless you request otherwise.

Would you like to be on the Community Education email list? Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact\_\_\_\_\_ Phone\_\_\_\_\_

Please list someone other than parent. We will always attempt to contact a parent first!!

Jersey Size Youth: Med\_\_\_\_\_ Large\_\_\_\_\_ Adult: Sm\_\_\_\_\_ Med\_\_\_\_\_ Large\_\_\_\_\_ XL\_\_\_\_\_

Reuse Jersey Yes \_\_\_\_\_ Number on Jersey \_\_\_\_\_ Save \$7 on Reg Fee

Did you play in the league last year? Yes\_\_\_\_ No\_\_\_\_\_ If yes, coach's name\_\_\_\_\_

Coach **or** Buddy Request (We attempt to honor requests, NO guarantees)\_\_\_\_\_

**Please make only one request.** Multiple requests will cancel each other out.

For Buddy Request – Have each child list the other as a buddy, **only pairs will be matched.**

Would your parent like to **Coach?** Yes\_\_\_\_\_ No\_\_\_\_\_ **Assist?** Yes\_\_\_\_\_ No\_\_\_\_\_

Name of parent who would like to coach? \_\_\_\_\_

Best contact #\_\_\_\_\_ Email \_\_\_\_\_

## Parent Permission:

\_\_\_\_\_ has my permission to participate in the Ridgefield Community Education Youth Basketball program. In an emergency I grant permission for emergency medical treatment to be administered. I agree to pay all medical bills not covered by my insurance company listed below. I release Ridgefield School District and La Center School District from responsibility for any bills resulting from injuries incurred in this program. I also give permission for my child to be photographed and for such photographs to be released for publicity purposes. While no sports physical is required for my child to participate, I understand that my child should be in good physical condition and that a current medical exam is strongly recommended. I have listed information regarding allergies and/or medical conditions about my child of which staff/volunteers should be aware.

Does your child have any allergies or medical conditions that staff should be aware of? Yes\_\_\_\_\_ No \_\_\_\_\_

If yes, please explain\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

Insurance Co\_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name\_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_