

# YOUTH BASKETBALL LEAGUE REGISTRATION

Please make check payable to Association for Athletics 10531 4S Commons Drive.#484 San Diego, CA 92127

\_\_\_\_\_  
 Player's First Name Last Name  
 AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ GENDER: Male Female  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 (h)Phone \_\_\_\_\_ cell) \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 \_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE Date

LOCATION: \_\_\_\_\_  
 PROGRAM: Youth Basketball League  
 DATE: \_\_\_\_\_  
 FEE: \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH   
 RECEIVED BY \_\_\_\_\_ AMT. REC'D. \$ \_\_\_\_\_

## YOUTH BASKETBALL LEAGUE POLICIES

1. Refund requests will not be accepted, for any reason, after team draft.
2. A \$20 processing fee will be charged for each refund request.
3. Team request will not be accepted.
4. Game day, practice day, and time request will not be accepted.
5. Team practices will be held outdoors.
6. As a participant observing youth sports, you must conduct yourself in a respectable manner.
7. AfA staff reserves the right to eject disruptive individuals from the premises.
8. Parents are responsible for accompanying their child to and from practices and games.
9. The following liability waiver must be signed.
10. Parents are responsible for contacting the league director with questions regarding the league.



By signing, I acknowledge that I have carefully read, understand and agree to the AFA Youth Basketball League Policies

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## ASSOCIATION for ATHLETICS (AFA) (Master Concepts LLC) WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in this AfA, activity, I hereby acknowledge and agree that:

1. AfA, does not maintain health insurance for injuries to the participants that may arise out of involvement in this program.
2. By virtue of participation, participants risk bodily injury including, but not limited to, paralysis, dismemberment, death, and other loss including damage to property.
3. I acknowledge and freely assume all such risk for my child (and/or myself).
4. I release and hold harmless and promise not to sue AfA, its officers, agents, employees with respect to any and all such injury including, but not limited to paralysis, dismemberment, death, or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I agree to inform my child that he/she must follow (or I agree to follow) all safety rules as well as any others during league activity including during practices and games.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the below named child (or to myself) while participating in this activity including during practices and games.
7. This agreement is binding on heirs, personal representatives, next of kin, spouse and assigns.
8. I hereby give permission for the following named child (or myself) to be photographed, videotaped or recorded for publicity purposes and I waive all claims for compensation.
9. I certify to the best of my knowledge, my child's current physical condition is satisfactory for participation in this activity, and that he/she am free of any health problem that would effect his/her ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures, and epilepsy, may not participate until a medical clearance has been submitted. In addition, the coach must be notified of any health condition prior to participation.

Parent/Guardian Name: (print) \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_