

APPLICATION TO PARTICIPATE IN ASHEVILLE BUNCOMBE YOUTH BASKETBALL LEAGUE

ELIGIBILITY REQUIREMENTS

This application must be completed in full and all registration fees paid or waived by the Director before the first game of the season. Any applicant not meeting this requirement will be dropped from the team roster on the first day of the regular season.

Applicants under suspension for violation of the rules of conduct are ineligible for further participation until the suspension has been served.

THIS APPLICATION IS FOR: (Check One) REGISTRATION FEE....\$55.00

Boys Basketball _____

Girls Basketball _____

CHILDS NAME _____ DATE OF BIRTH _____ AGE _____

STREET ADDRESS _____ CITY _____ ZIP CODE _____

SCHOOL ATTENDING _____ GRADE _____ PHONE _____ CELL _____

I/We, the parents/guardians of the above named applicant for participation in the indicated league hereby give my/our permission to participate in all activities related to this sport. I/We assume all risks and hazards incidental to such participation. I/We do hereby waive, directors and coaches, whether the result of negligence or other cause, except in the amount covered by accident or liability insurance.

I/We further understand and agree that accident insurance provided by this league is secondary to any insurance I/We may carry and will only pay that portion not covered under the primary policy, unless no primary policy is in effect.

I/We agree to furnish a birth certificate for the above named applicant.

I /WE ACKNOWLEDGE RECEIPT OF AND AGREE TO ABIDE BY THE RULES OF CONDUCT OF THE ASHEVILLE BUNCOMBE YOUTH BASKETBALL LEAGUE AND TO SUPPORT LEAGUE OFFICIALS IN ADMINISTERING OF THE RULES.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Legal Guardian's Signature _____ Date _____

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This is to acknowledge receipt of \$ _____ registration fee. Date _____

Received by: _____