

SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

2024

CHAMPIONS Special Needs Player Registration: Fall Program

Check box if NEW player

All information must be completed (Please print clearly)

P L A Y E R I N F O R M A T I O N	Player				P A R E N T I N F O R M A T I O N	Parent/Guardian (1)					
	Last Name					Last Name					
	First Name					First Name					
	Number and Street			Apartment		Email:					
	City		State			Zip Code		Cell Phone ()		Parent/Guardian (2)	
	Home Telephone ()					Last Name					
	Date of Birth	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Height	Weight		First Name					
	School			Grade		Email:					
	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Parochial <input type="checkbox"/>	Charter <input type="checkbox"/>		Cell Phone ()					

Parent Volunteer Choices

Check at least one activity.

- | | |
|--|--|
| Administrative Support <input type="checkbox"/> | Photography <input type="checkbox"/> |
| Other <input type="checkbox"/> (Fill in) | Recruiting Sponsors <input type="checkbox"/> |
| Team Sponsor <input type="checkbox"/> *see website for description | |

Please Note: We request that parents of children with special needs remain in the gym.

Registration fee is \$150. Contributions toward scholarships are appreciated. Amount enclosed: _____
 Reduced fee \$60 _____

If your needs exceed the Partial Scholarship, please contact the registrar: info@safehavenhoops.net

I, parent, or guardian of _____ hereby give my approval to participate in any and all **Safe Haven West Side Basketball League** activities. I assume all risks and hazards incidental to such participation from the activities; and I hereby waive, release, absolve, indemnify, and agree to hold harmless the **Safe Haven West Side Basketball League** organizers, sponsors, supervisors, coaches, referees, volunteers and/or participants for any claims arising out of an injury to my child, whether the result of negligence or for any other cause except to the extent and in the amount covered by any accident, health or liability insurance. I further give my permission to the League to administer first aid, if available and if needed. In the event that I cannot be reached and emergency hospital care treatment is needed, I give my permission for my child to be taken to the nearest hospital and given the necessary emergency care. *Safe Haven West Side Basketball League has permission to use my child's photograph publicly to promote the league. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. It is your responsibility to notify the league if you choose to opt-out. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.*

Signature: _____ Date: _____

E-mail: shwsbasketball@gmail.com - For updated information go to www.safehavenhoops.net

How did you hear about us? _____

Special Requests/Comments _____

League Use Only: Fee Paid: _____ Method of Payment: cash _____ check # _____ m.o. _____