Lebanon Area
Boys & Girls Club

SPORTS REGISTRATION

Basketball

For Office Use Only:
Membership Fee: _____
Sports League Fee: _____
Total Received: _____
Cash: _____ Check #: _____
Taken By: _____ Entered: _____

Pre K & K (Co-ed)	BOYS	1st/2nd	3rd/4th	5th/6th	7th/8th
	GIRLS	1st/2nd	3rd/4th	5th/6th	7th/8th

☐ I would like to **Coach** Name: _____

E-mail: _____ Phone: _____

☐ I would like to **Sponsor** a team, Name on Shirt:_____
($175 per sponsorship)

Name: _____ Gender: M F

Birthdate: _____ Age: _____ Grade: _____ School: _____

Parent(s) or Gaurdian(s) Name_____

Home Address: _____ _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone:_____

E-mail: _____

Shirt size: (circle one) 6 - 8 10 - 12 14 - 16 AS AM AL AXL

Special Request: _____

WAIVE & RELEASE FROM LIABILITY

I have read the Lebanon Area Boys & Girls Club ("Club") membership form completely: understand the policies and rules of the Club, and request that my son/daughter be admitted for membership. I have explained the rules to my son/daughter and attest and verify that my son/daughter is physically fit for the Club programs. I understand the nature of, and assume all risks associated with my son's/daughter's voluntary participations in all Club activities. I waive, release and agree to indemnify the Club, its Board of Directors, staff, and volunteers from and against any and all liability to my son/daughter, myself, or any claim or demand thereof, including reasonable attorney fees, whether caused by negligence or otherwise. I authorize the staff of the Club to seek emergency medical treatment, if the need for such should arise, and further grant full permission to the Club to use any photograph and other record in which my son/daughter may appear for any reasonable purpose.

_____ _____ _____
Date Signature Printed Name

Emergency Contact: _____ Phone: _____