



Atascocita Basketball Association Winter 2017 Season

Pre-Registration Fee: \$170.00 / Must be rec'd by 10/22/17
Regular Registration Fee: \$195.00 (10/23/17 – 11/5/17)
Registration will close when maximum is reached per division
website: www.atascocitabasketball.com

Registration No: _____ Division: _____ Team _____ Coach _____

Player Information

Last Name: _____ First Name: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Approx Height: _____ Weight: _____

Date of Birth ____ / ____ / ____ Male or Female (please circle) Grade _____

No. of Years Played _____ School Name: _____

Jersey Size (Circle One): YS YM YL AS AM AL AXL 2XL **Shorts Size** (Circle One): YS YM YL AS AM AL AXL 2XL

**** \$25 Sibling Discount per family. \$170 or \$190 fee for first child and \$145 or \$165 for each add'l child per household ****

Parent Information (Please write legibly)

Father's Name _____ Mother's Name _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-Mail _____ E-Mail _____

Emergency Contact (Other than Parents) _____ Phone _____

Liability Release Agreement (Required)

I hereby give approval for the participation of my child in any and all activities sponsored or approved by the Atascocita Basketball Association, and for child's picture to be displayed on internet with first name only. The undersigned, being the parent or legal guardian of the player named above, hereby agree to hold the Atascocita Basketball Association, Kiwi Properties, The Gym, its officers, directors and coaches faultless in the event of injury or other harm occurring to the child, or loss of personal property during the participation of all league events, including practices. Parent or guardian assures the league that adequate medical insurance is available, and if necessary, parent or guardian will be responsible for any medical expenses.

Parent Signature _____ Date _____

(Please Print) Parent Name _____

Volunteer Information:

Please indicate areas in which you can help on a volunteer basis: Coach _____ Team Mom _____ Other _____

ABA USE-Do not write below this line



Treasurer Use ONLY:

Amount Paid \$ _____ Check No. _____ Cash _____

Received by: _____ Date _____

Sibling Names _____ Sibling Divisions _____