



County Line Little League Basketball Registration Form

Paid: _____

Name: _____ Age: _____ Grade: _____

Parent's Names: _____ Phone Number: _____

Address: _____ e-mail _____

Allergies and/or medical conditions: _____

Emergency Contact and phone number: _____

T-SHIRT SIZE: (circle one) YXS YS YM YL AS AM AL AXL

PLEASE CIRCLE IF YOU WOULD LIKE TO HELP WITH THE FOLLOWING:

Head Coach

Assistant Coach

Volunteer

****There is a \$25.00 registration fee due with each child's form. Checks can be made out to County Line Little League.**

****Registration deadline is November 4, 2016**

WAIVER AND RELEASE: The undersigned states that he/she understands that the County Line Little League, and any of its agents, officers, or employees, are not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from the program in which the participant is enrolling or from his/her participating in said program, and the participant, and his/her parent or guardian if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the County Line Little League, its employees, agents, officers, and representatives from any and all claims of any kind that the participant, or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program. This waiver and release applies to any claim for damage or injury even if the claim is alleged to have been caused by the negligence of the County Line Little League, its departments, or any of its agents, officers, or employees.

Parent or Guardian Signature: _____