

KIDS BASKETBALL LEAGUE REGISTRATION FORM

Winter 2010

Please print clearly. Parents may only register their own children. Please complete a separate form for each child. – Thank you

PARENT/ GUARDIAN OR **FIRST NAME:** _____ **LAST NAME:** _____

HEAD OF HOUSEHOLD: _____

ADDRESS: _____

Street City State

zip _____

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

Please Check the appropriate circle **TIMERHILL MEMBER** **NON TIMERHILL MEMBER**

PAYMENT: (Office Use Only)

AMOUNT \$ _____ **STAFF:** _____

PAYMENT TYPE: Charge TAC Membership: Account # _____ CHECK # _____ **VISA / CASH**

EMERGENCY CONTACT: First Name: _____ **Last Name:** _____

Home Phone: _____ **Cell Phone:** _____

PLAYER INFORMATION

First Name	Last Name	Birth Date	Age	M/F

Please check the spot that best describes your child's basketball skill level:

___ Beginner (never played) ___ Intermediate (has played leagues/hoopsters) ___ Advanced (understands and can perform all skills of the game)

Please mark the appropriate division: ___ 5/6/7 Year Olds ___ 8/9/10 Year Olds

SPECIAL TIME REQUESTS: _____ (No guarantees)

Please Check desired uniform size:

___ YOUTH SMALL ___ YOUTH LARGE ___ ADULT SMALL ___ ADULT MEDIUM ___ ADULT LARGE

- **VOLUNTEER COACHES NEEDED** -

Are you interested in coaching Kids league this year? ___ YES ___ NO If yes, please complete information below

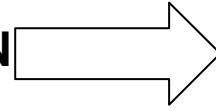
Coach's Name	Head or Asst.	Age Level / Division	Home Phone	Cell Phone	Shirt Size
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VOLUNTEERS COACHES MEETING THURSDAY, DECEMBER 17th at 5:00 PM

Please Sign Acknowledge of Risks, Liability Release, Indemnification Agreement and Refund Policy
 We can not process your registration without your signature. – Thank You

WAIVER FORM ON



Timberhill Athletic Club 2855 NW 29th st. Corvallis OR (541) 757-8559 / FAX: (541) 758-0006 Timberhill6@comcast.net

Timberhill Athletic Club Kids Basketball Waiver Form

CHILD'S NAME _____ **PARENT'S NAME:** _____

By signing this release and indemnity agreement, we the parent(s), natural guardian(s), and/or legal guardian(s) of the minor named below, herewith knowingly and intentionally consent and authorize the minor named below to participate and engage in the basketball program within Timberhill Athletic Club

We fully understand the risks involving personal injury which may arise during the course of the basketball program, and voluntarily assume said risks and further agree on our own behalf and on behalf of the minor named below to release, indemnify and hold harmless Timberhill Athletic Club, Club members, coaches, any referee or scorekeeper, and assignees from any and all liability, the minor named below may sustain while participating in any sports activity—game, practice or otherwise.

Also, in consideration of the use of certain facilities, we agree to release, indemnify and hold harmless Timberhill Athletic Club, its Board of Directors, coaches, and assignees do herewith disclaim any and all liability for any injuries which may occur.

We also agree that Timberhill Athletic Club has the right to use any images of the minor named below in an Timberhill uniform on their website.

I have read, fully understand and agree to the terms of the Acknowledgement of Risks, Liability Release, Agreement and Refund Policy.

Parent's / Legal Guardian Signature Required

Date