## JUNIOR RAM YOUTH BASKETBALL

PLAYER REGISTRATION FORM

NAME	Grade 1st 2nd 3rd
ADDRESS	CITY
CELL PHONE #(WHOSE)	SECONDARY PHONE #
BIRTHDAY	AGE
PARENT/GUARDIAN	PHONE #
EMERGENCY CONTACT (Other than th	PHONE # te above-named parent/guardian)
COST IS \$35.00 MAKE CHECKS PAYABLE TO MONROE CITY ** signups are due SEPTEMBER 22**	
Youth Basketball Pi  (2) I/we the parent/s of the above-named play during the current basketball season. I/we activities, and I/we do further release, abso helpers and/or all of them. In case of injur organization and organizers, or any superv does carry limited liability insurance.  (3) I hereby authorize the Directors of the Jui with their  (4) I understand the goals and objectives of the sk	AGREEMENT  n good health and capable of participating safely in the Junior Ram rogram and has accident and health insurance. er give our consent to participate in any and all of the activities do assume all risks and hazards incidental to the conduct of the live, indemnify, and hold harmless the supervisors, coaches, and parent by to my/our child, I/we do hereby waive all claims against the lisors appointed by them. The Junior Ram Youth Basketball program nior Ram Youth Basketball program to act in my behalf in accordance best judgment in case of an emergency. the Junior Ram Basketball program, which are based on fun, fair play, will development and teamwork. Iling to participate as a volunteer in support of the Program:
COA	ACH CLOCK
Parent/Guardian	
•	ize: (please circle one)  OR  Standstands language
Youth Youth Youth Small Medium Large	

1<sup>ST</sup> AND 2<sup>ND</sup> GRADE WILL PLAY THURSDAYS IN THE PRACTICE GYM AT THE MIDDLE SCHOOL. BEGINNING AT 3:30-4:15-5:30-6:30 AND 7:30 IF NEEDED \*\* DATES AND TIMES ARE SUBJECT TO CHANGE