ALL FIELDS must be completed.		2020 La Feria Youth Basketball League Registration					C ST	at La Aletta
		PLEASE	PRINT	CLEARL	Y			Texas
Player's Name:								
	PLEASE PRINT CLEARLY							
Gender:	Male			Female]		
Birthdate:					-	as of 2020		
	Month	Day	Year		-			•
T-Shirt SIZE:	YXS	YS	YM	YL	YXL	AS	АМ	AL
Parent/ Guardian	PLEASE PRINT CLEARLY							
Parents Email:								
Physical Address:								
City:					-	Zip:		
Phone:	()	-			()	-		
Returning : (from 2018)	Yes		No]	T	eam or Coa	ch
Siblings in the Same Division?	Yes		No]			
Parent Coaching:	Yes		No]	SIDI	ings in Divi	Sion

I, the parent of the above named candidate for a position on a La Feria Youth Basketball League Team, hereby give my approval to his/her participation in any and all La Feria Youth Basketball League activities during the current season. I assume all risks and hazards incidental to such participation, including transportation to and from activities and I do herebey waive, release, absolve, indemnify and agree to hold harmless the La Feria Youth Basketball League,the organizers, sponsors, supervisors, participants and the City of La Feria from any claim arising our of an injury to my child except to the event and the amount covered by liability insurance. I will furnish a copy of the birth certificate of the above named candidate upon the request of League officials. Parent/Gaurdian Signature

DATE of Registration