ALL FIELDS must be completed.

2016 La Feria Youth Basketball League Registration



PLEASE PRINT CLEARLY

Player's Name:										
				PLEASE PR	INT CLEARL	Υ				
Gender:	Male		Female							
Birthdate:	Month	Day Year			Age:					
	Month	Day	Y	ear						
T-Shirt SIZE:	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL	
Parent/ Guardian				PLEASE PR	INT CLEARL	Y				
Parents Email:										
Physical Address:										
City:					_	Zip:				
Phone:	()	-		_	()	-				
Returning: (from 2015)	Yes		No							
Are there siblings in the same division?	Yes		No]			eam or Coa		
Parent Coaching:	Yes		No]		Sibl	ings in Divi	sion	
Date of Registration:		D.A. and b	Davis			_				
Money Order #		Month	Day	Year	_					
I, the parent of the all my approval to his/ I assume all risks and agree to hold harmles I will furnish a copy of	her participh azards inc ss the La Fe	oation in an idental to s ria Youth B from any cl certificate	y and all I such partion asketball aim arisin of the abo	La Feria You season. cipation an League, the g out of an ove named	uth Basketk d I do here e organizer y injury to	by waive res, sponsors my child. upon the ti	activities of ac	luring the olve, inder	current mnify and rticipants	
Parent/	-			Date		-				