

SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

2019 - 20 CHAMPIONS

Players with Special Needs

Check box if NEW player

All information must be completed (Please print clearly)

P L A Y E R I N F O R M A T I O N	Player				P A R E N T I N F O R M A T I O N	Parent/Guardian (1)	
	Last Name					Last Name	
	First Name					First Name	Cell Phone ()
	Number and Street		Apartment			Employer	Work Telephone ()
	City	State	Zip Code				
	Home Telephone ()					Parent/Guardian (2)	
	Date of Birth	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Height	Weight		First Name	Cell Phone ()
	School		Grade			Employer	Work Telephone ()
	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Parochial <input type="checkbox"/>				
	Parent email: (1)					Parent email: (2)	

Parent Volunteer Choices

All families must take a turn on "security" at sites requiring coverage.

Administrative Support <input type="checkbox"/>	Photography <input type="checkbox"/>	Sponsor <input type="checkbox"/>
Score/Timekeeping <input type="checkbox"/>	Recruiting Sponsors <input type="checkbox"/>	Other _____

Please Note: We request that parents of children with special needs remain in the gym.

Registration fee is \$175. Contributions toward scholarships are appreciated. Amount enclosed: _____

I am requesting a partial scholarship **\$75 reduced fee** _____

I am requesting a full scholarship *Full scholarship available to families of Champions Division. Enclose a written explanation of need with \$10 fee, or Download the Full Scholarship Request Form.*

Special Needs Registration Forms must be received by December 6, 2019
 contact Ken McGrory: championsdivision@safehavenhoops.net
Mail or drop off registration form with check or money order payable to:
Safe Haven West Side Basketball League
c/o Copy Experts, 2440 Broadway, Box 257, New York, NY 10024

I, parent or guardian of _____ hereby give my approval to participate in any and all **Safe Haven West Side Basketball League** activities. I assume all risks and hazards incidental to such participation from the activities; and I hereby waive, release, absolve, indemnify, and agree to hold harmless the **Safe Haven West Side Basketball League** organizers, sponsors, supervisors, coaches, referees, volunteers and/or participants for any claims arising out of an injury to my child, whether the result of negligence or for any other cause except to the extent and in the amount covered by any accident, health or liability insurance. I further give my permission to the League to administer first aid, if available and if needed. In the event that I cannot be reached and emergency hospital care treatment is needed, I give my permission for my child to be taken to the nearest hospital and given the necessary emergency care.

Safe Haven West Side Basketball League has permission to use my child's photograph publicly to promote the league. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. It is your responsibility to notify the league if you choose to opt-out. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature: _____ **Date:** _____

e-mail: safehaven@safehavenhoops.net For updated information log on to www.safehavenhoops.net

This activity is not sponsored or endorsed by the New York City Department of Education or the City of New York.

League Use Only: Fee Paid: _____ Method of Payment: cash _____ check # _____ m.o _____