

SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

FULL SCHOLARSHIP REQUEST: Winter League

2019-20

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				
	Number and Street			Apartment		Cell Phone				
	City		State	Zip Code		Parent Email				
	Home Telephone					Parent/Guardian (2)				
	Date of Birth	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Height			Last Name				
	School			Grade		First Name				
	Public <input type="checkbox"/>			Private <input type="checkbox"/>		Parochial <input type="checkbox"/>	Cell Phone			
						Parent Email				
FULL SCHOLARSHIP REQUEST										

Available to students attending elementary or middle public schools and all Special Needs players. Please enclose a written explanation of need in the space below, sign and send via email to shwsbasketball@gmail.com or mail in with \$10 fee and Registration form.

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: shwsbasketball@gmail.com For updated information log on to www.safehavenhoops.org

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