

SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

2022- 2023 CHAMPIONS Div. - Special Needs Player Registration Check box if NEW player

All information must be completed (Please print clearly)

PLAYER INFORMATION	Player				PARENT INFORMATION	Parent/Guardian (1)					
	Last Name					Last Name					
	First Name					First Name					
	Number and Street			Apartment		Email:					
	City		State	Zip Code		Cell Phone ()					
	Home Telephone ()					Parent/Guardian (2)					
	Date of Birth					Sex M <input type="checkbox"/> F <input type="checkbox"/>		Height		Weight	
	School			Grade		Email:					
	Public <input type="checkbox"/>		Private <input type="checkbox"/>			Parochial <input type="checkbox"/>		Cell Phone ()			

Parent Volunteer Choices

Check at least one activity.

- | | |
|---|---|
| Assistant Coach <input type="checkbox"/> | Photography <input type="checkbox"/> |
| Score/Timekeeping <input type="checkbox"/> | Administrative Support <input type="checkbox"/> |
| Team Sponsor* <input type="checkbox"/> *see website for description | |
| Other <input type="checkbox"/> (Fill in) _____ | |

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

I am requesting a partial scholarship \$75 suggested _____

I am requesting a full scholarship Full scholarship available to elementary & middle school and Special Needs.
Please enclose a written request and \$10.00 fee.

Registration forms must be received by the following dates :
***** No later than December 3rd. Bring to the gym if necessary ******
Mail or drop off registration form w/ check or money order payable to :
Safe Haven West Side Basketball League
c/o Copy Experts, 2424 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. Yes No

Signature: _____ Date: _____

Tel: (917) 592-9665 E-Mail: shwsbasketball@gmail.com For updated information log on to www.safehavenhoops.net

How did you hear about us? _____
 Special Requests/Comments _____

League Use Only: Fee Paid: _____ Method of Payment : cash _____ check # _____ m.o. _____ proof of age: yes _____ needed _____ NA _____
 Division Assigned _____ Comments _____