SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

SPECIAL NEEDS FULL SCHOLARSHIP REQUEST

2022-23

Check box if NEW player

All information must be completed (Please print clearly)						
PL	Player				PA	Parent/Guardian (1)
AY ER	Last Name				RE NT	Last Name
INF OR	First Name				INF OR	First Name
MA TIO	Number and Street	lumber and Street Apartment			MA TIO N	Email:
N	City State Zip Code			Zip Code		Cell Phone ()
						Parent/Guardian (2)
	Home Telephone ()					Last Name
	Date of Birth	M 🗆 F 🗆	Height	Weight		First Name
	School			Grade		Email:
				Parochial		Cell Phone
	Public	Private				()
FULL SCHOLARSHIP REQUEST						

Please enclose a written explanation of need in the space below, sign and send via email to <u>shwsbasketball@gmail.com</u> 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.

Signature:

Date:

e-mail: shwsbasketball@gmail.com 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