

SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

FULL SCHOLARSHIP REQUEST

2022-23

Check box if NEW player

All information must be completed (Please print clearly)

PL AY ER INF OR MA TIO N	Player				PA RE NT INF OR MA TIO N	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		M <input type="checkbox"/> F <input type="checkbox"/>	Height		Weight	Last Name			
	School		Grade			First Name				
	Public		Private			Email:				
	Parochial					Cell Phone ()				

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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.

Signature: _____

Date: _____

e-mail: shwsbasketball@gmail.com For updated information log on to www.safehavenhoops.net

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