

SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

2023-24

Player Registration: Winter League

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		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		Last Name			
	School			Grade		First Name			
	Public <input type="checkbox"/>	Private <input type="checkbox"/>	Parochial <input type="checkbox"/>			Email:			
						Cell Phone ()			

Parent Volunteer Choices

Check at least one activity.

Coach* <input type="checkbox"/>	Team Parent <input type="checkbox"/>
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 Support Us on Website

Other (Fill in) _____

* New Coaches: Please enclose a note describing your experience working with children.

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 form must be received by December 26, 2023.
Mail or drop off registration form with 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: _____

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

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

