SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

2025-26 **Player Registration: Winter League** **Check box if NEW player** ☐

All information must be completed (Please print clearly)

PLAYER INFORMATION

Player	
Last Name	
First Name	
Number and Street	Apartment
City State Zip Code	
Home Telephone ( )	
Date of Birth / Sex M ☐ F ☐ / Height / Weight	
School	Grade
Public ☐ Private ☐ Parochial ☐	

PARENT INFORMATION

Parent/Guardian (1)
Last Name
First Name
Email:
Cell Phone ( )
Parent/Guardian (2)
Last Name
First Name
Email:
Cell Phone ( )

Parent Volunteer Choices

Check at least one activity.

Coach*	☐	**Team Parent**	☐
Assistant Coach	☐	**Photography**	☐
Score/Timekeeping	☐	**Administrative Support**	☐
Team Sponsor*	☐ *see Support Us on Website*		

Other ☐ (Fill in) _____

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

Registration fee $200 through Dec 15; $225 after Dec15. Contributions are appreciated.

Amount enclosed: _____

I am requesting a partial scholarship ☐ **$85 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 form must be received by January 3, 2026. 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_____