

# SAFE HAVEN WEST SIDE BASKETBALL LEAGUE

2026

CHAMPIONS Player Registration: Spring Program

Check box if NEW player

All information must be completed (Please print clearly)

<b>P L A Y E R  I N F O R M A T I O N</b>	<b>Player</b>				<b>P A R E N T  I N F O R M A T I O N</b>	<b>Parent/Guardian (1)</b>					
	Last Name					Last Name					
	First Name					First Name					
	Number and Street			Apartment		Email:					
	City		State			Zip Code		Cell Phone ( )			
	Home Telephone ( )					<b>Parent/Guardian (2)</b>					
	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"/>	Charter <input type="checkbox"/>		Email:					
						Cell Phone ( )					

**Please Note: We request that parents of players remain in the gym.**

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

**Reduced fee \$75 \_\_\_\_\_**

*If your needs exceed the Partial Scholarship, please contact the registrar: [info@safehavenhoops.net](mailto:info@safehavenhoops.net)*

*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.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E-mail: [shwsbasketball@gmail.com](mailto:shwsbasketball@gmail.com) - For updated information go to [www.safehavenhoops.net](http://www.safehavenhoops.net)**

**How did you hear about us?** \_\_\_\_\_

**Special Requests/Comments** \_\_\_\_\_

**League Use Only:**    **Fee Paid:** \_\_\_\_\_    **Method of Payment:** cash \_\_\_\_\_ check # \_\_\_\_\_ m.o. \_\_\_\_\_