

Valley Youth Basketball
Kindergarten – 2nd Grade Fall Rec
League

Late September 2015 – Mid November 2015



Boys & Girls:

- 8 Saturday games
- 1 evening practice per week in a local school
- Boys and Girls teams
- \$120 per player
- Valley Youth basketball and game jersey provided
- How do I sign up my player?
-Register on-line at www.vybb.com
- Questions?
- Visit the FAQ section of our website (www.vybb.com) or
Call Steve Imoe at 355-7643 or basketballdad12@gmail.com

**REGISTRATION
CLOSES
September 17,
2015**

Valley Youth Basketball 2015 Fall Kindergarten – 2nd Grade Registration

Participants must be currently enrolled in the Kindergarten – 2nd Grade.

Player Information:

First Name:	
Last Name:	
Physical Address:	
Mailing Address:	
City/State:	
Home Phone:	
Cell Phone:	
Email:	
Gender:	
Date of Birth:	
Current Grade:	
Elementary School:	
If 6 th Grade, Nearest Elementary School	

Emergency Contact:

First Name:	
Last Name:	
Home Phone:	
Cell Phone:	

T-Shirt Size: YS YM YL AS AM AL (Sizes run large)

Player's Skill Level (Circle One): 1st Time Player Average Player Comp Level Player

Are you able to coach your child's team? Yes No

Does your child have special needs? Yes No

If yes, please explain: _____

Payment Information:

Kindergarten – 2nd Grade League: \$120.00 per player; Make checks or money orders payable to VYBB.

Registrations can be dropped off at the AT&T Sports center or mailed to 1507 N. Double B St., Palmer, AK. 99645

For credit card payments or online checking account payments: *** Registration can be completed online at www.vybb.com ***

Release of Liability: The undersigned, as parent or guardian of said child has granted permission for my son/daughter/ward to participate in the Valley Youth Basketball Association program. In consideration of said child being permitted to participate in this program, I hereby release, waive, discharge and agree to hold harmless coaches, referees, and other volunteers from all liability to me, my spouse, or my son/daughter/ward for any and all loss or damage for acts of omissions arising out of or connected in any way with participation in the Valley Youth Basketball Association program. This release is intended to apply to property loss or damage and personal injury resulting in death, unless the property loss or damage and personal injury has been caused by the negligence of the agents, officers, coaches, referee or other volunteers of the Valley Youth Basketball Association program. The undersigned expressly agrees that this waiver is intended to be broad and inclusive as permitted by laws of the State of Alaska and that if any portion of this agreement is held to be invalid the balance shall, notwithstanding the fact, continue to be in full force and effect.

Signature of Parent or Guardian

Date

CONSENT FOR MEDICAL TREATMENT:

I hereby give consent for emergency medical care for my above named child as his/her parent or legal guardian. This care may be given under whatever conditions are necessary for the well being of my said child:

Signature of Parent or Guardian

Date