

<b>PAID: to be completed by league</b>	<i>completed by league</i>
CASH _____ CHECK # _____	GRADE _____ DIVISION _____

**SAL TINARI BIDDY BASKETBALL, INC. - PLAYER'S APPLICATION AND RELEASE (Please PRINT LEGIBLY)**

<b>PLAYER'S NAME</b>	<b>DATE OF BIRTH (mm/dd/yy)</b>
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<b>STREET ADDRESS</b>	<b>TOWN</b>	<b>ZIP CODE</b>
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**PLAYER (circle one): Male or Female** **GRADE in School** \_\_\_\_\_

**MANDATORY:**

**Parent/Guardian 1: Name** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**MANDATORY:**

**Parent/Guardian 2: Name** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Cell Phone #** \_\_\_\_\_

**Home # optional** \_\_\_\_\_

Having been informed of the organization of the Sal Tinari Biddy Basketball League to provide supervised basketball games for boys and girls, I/we parent(s)/guardians of the above named candidate, do hereby give our permission to his or her participation in any and all of the activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activity, transportation to and from the activities and I/We do hereby further release, absolve, indemnify and hold harmless the Sal Tinari Biddy Basketball League, Inc., the organizers, sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son or daughter. I/We further understand that the insurance held by the league is intended only to supplement my/our own insurance.

**PARENT/GUARDIAN SIGNATURE & DATE:** \_\_\_\_\_

**SHIRT SIZE (Circle One):** The league will only pay for one shirt. Please be sure of your selection.

**YOUTH:**     S     M     L                    **ADULT:**     XS     S     M     L     XL     XXL

- Are you interested in Coaching? YES or NO
- Would you be willing to Bake for our Snack Stand this Season? YES or NO

**COMMENTS (if any)**