

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

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

PLAYER'S NAME	DATE OF BIRTH (mm/dd/yy)
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STREET ADDRESS	TOWN	ZIP CODE
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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)