

Katy Youth Basketball, Inc.

P.O. Box 6654
Katy, Texas 77491-6654

REGISTRATION FORM

Male/Female	Last Name	First Name	Middle (Name or Initial)		
Street Address			Phone Number		
City, State, Zip Code		Date of Birth (Month/Day/Year)	School Grade		
Subdivision		School			
Played KYB Last Year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will Player Attend Tryouts? <input type="checkbox"/> Yes <input type="checkbox"/> No	KYB Experience _____ Years	A or B Team Last Season? A B Both	Skill Level (* see below) 1 2 3 4 5	

* Skill Levels: 1 - never played, 2 - below average, 3 - average, 4 - above average, 5 - excellent

Father's Name: _____ Mother's Name: _____

Work Phone: _____ Work Phone: _____

Email Addr: _____ Email Addr: _____

Parent Interested In: (Please Circle) Coaching Team Parent Sponsor Asst. Coach Board Member

Parental Release and Consent

I hereby give approval for the participation of my child in all Katy Youth Basketball activities and I assume all risk and hazards incident to such participation including transportation to and from said activities. I/We waive, release, absolve, indemnify, defend and agree to hold harmless Katy Youth Basketball, the organizers, supervisors, officers, participants and persons or parents transporting participants to or from such activities from any claims arising out of injury to my child. Additionally, I hereby acknowledge that I have received and understand the information provided to me at registration which covers topics including, but not limited to, refund policy, event conduct and practice or game locations.

Parent/Guardian's Signature: _____ Date: _____

Medical Information and Permission

I/We do hereby authorize any person in a responsible position within the Katy Youth Basketball program, in the event of emergency, to authorize emergency medical treatment for my child named herein. I/We agree to hold harmless such persons and such emergency care centers (Hospital, doctors, nurses, providing such emergency care) for such act and to assume financial responsibility for said treatment.

Family Doctor: _____ Phone: _____

Insurance Company: _____ Policy No.: _____

Allergies or Medical Restrictions: _____

Parent/Guardian's Signature: _____ Date: _____

Shirt Size: YS YM YL YXL AS AM AL AXL Registration Fee \$ _____

Pants Size: YS YM YL YXL AS AM AL AXL (Includes Pictures)

Height In Inches: _____ Weight: _____ Lbs. Other: \$ _____

Birth Certificate Verified by: _____ Second Child? _____ Total Paid \$ _____

Cash _____ Check No: _____

Lg Age: _____ Division: _____ League: _____ Team: _____