

NORTH PERRY PEE WEES

BASKETBALL

CHILD'S NAME (LAST, FIRST, INITIAL)	BIRTHDATE	AGE
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STREET ADDRESS	CITY	ZIP CODE
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HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS
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MOTHER'S NAME	ADDRESS (IF DIFFERENT FROM CHILD'S)
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FATHER'S NAME	ADDRESS (IF DIFFERENT FROM CHILD'S)
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EMERGENCY CONTACT	PHONE NUMBER
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HAS YOUR CHILD PLAYED A PEE WEE SPORT BEFORE? YES NO

IF YES, WHICH PEE WEE CLUB DID HE/SHE PLAY FOR? _____

DO YOU HAVE A COACH PREFERENCE? _____



F E E S	PLAYER	EACH ADDITIONAL	UNIFORM
	FEE	PLAYER	DEPOSIT
	\$125	\$100	\$50

UNIFORM DEPOSIT CHECK IS ONLY CASHED IF UNIFORM IS NOT RETURNED

PARENT PERMISSION

I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ABOVE SPORTS SEASON. I AGREE THAT THE NORTH PERRY PEE WEE ASSOCIATION SHALL IN NO WAY BE LIABLE FOR ANY ACCIDENT OR INJURY IN ANY WAY RECEIVED BY MY CHILD WHILE ENGAGED IN ANY ATHLETIC ACTIVITY SPONSORED BY THE NORTH PERRY PEE WEE ASSOCIATION. MY CHILD IS COVERED BY ADEQUATE PROTECTION UNDER THE FOLLOWING MEDICAL INSURANCE PLAN: _____

FURTHER I UNDERSTAND THAT THE NORTH PERRY PEE WEE ASSOCIATION IS A NON-PROFIT, VOLUNTEER ORGANIZATION AND I HAVE AGREED TO PROVIDE SUPPORT TO THE ORGANIZATION IN THE FOLLOWING AREAS:
COACH/ASSISTANT COACH FIELD WORK TEAM PARENT (SCHEDULING/CALLING)
BOARD POSITION (OPEN EACH APRIL) SNACK SHACK

PARENT SIGNATURE _____ DATE _____

*REFUNDS WILL BE PROCESSED AFTER REGISTRATION IS CLOSED. NO REFUNDS IF 1ST GAME OF THE SEASON IS PLAYED.

CONCUSSION INFORMATION SHEET ON THE REVERSE SIDE NEEDS TO BE SIGNED BY THE PARENT/GUARDIAN ACKNOWLEDGING THE WASHINGTON STATE LAW REQUIRING THIS INFORMATION IS GIVEN TO PARENTS AND PLAYERS OF SPORTS IN THIS STATE.

REGISTRATION: _____	ELIGIBILITY REVIEW (REGISTRAR USE ONLY)	PEE WEE AGE: _____	STRING <input type="checkbox"/>
CASH/CK# _____	UNIFORM DEPOSIT: _____	PROOF OF BIRTH: _____	
	CASH/CK# _____		