

North Perry Pee Wees

String: _____

<input type="checkbox"/> Boys Basketball	REGISTRATION FOR:	<input type="checkbox"/> Girls Basketball
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PLAYER INFORMATION

Full Name:	Date of Birth:	Age:
Last First Middle Initial	dd/mm/yy	
Street Address:	City:	Zip Code:
Home Phone:	Work Phone:	Cell Phone:
Fathers Name:	Address (if different than child's):	
Mothers Name:	Address (if different than child's):	
Emergency Contact:	Phone:	
E-mail address:		
Have you played a PeeWee sport before? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, which club:
Last years team/coach:		Coach Preference:

SPORTS FEES

Uniform Deposit \$75 per player	Single Player Fee \$100.00	Each additional Player \$75.00
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(we will not cash uniform deposit check unless 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 North Perry Pee Wee Association is **non-profit, volunteer** organization and I have agreed to **1.)** attend the Monthly meetings (Second Wednesday of each month at 7:00pm at the Central Valley Christian Fellowship Church, Central Valley Rd., and **2.)** I have agreed to volunteer and provide support to the organization in the following areas:

Coach/Assistant Coach / Organize Fundraising / Registration Assistance / Gym Set-up
 Team Parent (Scheduling/Calling) / Executive Board Position (open each April)

Refunds: Will be processed **AFTER** registration is closed. No refunds if 1st game of the season is played.

Date: _____ **Parent Signature:** _____

ELIGIBILITY INFORMATION (Registrar Only)

FEES Paid:	REGISTRATION: _____	UNIFORM DEPOSIT _____	PEE WEE AGE _____
COMMENTS:	CA/CK # _____	CA/CK # _____	PROOF OF BIRTH _____