

2009 KETCHIKAN DRIBBLERS LEAGUE REGISTRATION

PO Box 5942 ~ 2721 7TH Avenue ~ Ketchikan, Alaska 99901 Office (907) 225-8133 Fax (907) 247-8133

www.ketchikanbasketball.com

***** REGISTRATION DEADLINE: October 22, 2009*****

Registration Fee \$60.00 1st child, \$50 thereafter / PeeWee \$45.00

_____ Check here if you did not play in Dribblers last year or you have a new mailing address

Name: _____ [] M [] F

DOB: _____ Grade: _____ Last years Team _____ Div: _____

Check Shirt Size: YS__ YM__ YL__ AS__ AM__ AL__ AXL__

Mailing Address: _____

Main Contact Phone: _____ E-Mail: _____

Phone Numbers (Please specify names, cell, home, work, etc.): USCG dependant [] Other military []

Name	Phone Number Relationship

Parent/Legal Guardian: _____

Special Considerations/Exceptions: _____

Liability Release: In consideration for allowing my child to participate in the Ketchikan Dribblers League, I do hereby waive, release, and discharge the Ketchikan Dribblers League, it's officers, board members, coaches, referees, players, and successors from liability of any nature whatsoever, arising from or growing out of the participation of my child in any of the activities of KDL. The undersigned parent/legal guardian of the above minor does hereby authorize the officers or coaches of KDL to transport as required said minor to and from KDL sponsored activities including but not limited to athletic and social events.

Consent for Medical Treatment: I hereby give my consent to all medical care prescribed by a duly licensed Doctor of Medicine for my child as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Financial Responsibilities: I hereby acknowledge and take full responsibility for the proper care and returning of any and all league sponsored uniforms and equipment. I further acknowledge that I will be financially responsible for the replacement cost of said uniforms/equipment should they not be returned at the end of the season due to loss or damage.

Behavioral Contract: As the parent/legal guardian of the above minor and as a player I have read and do understand the above requirements. Furthermore, I am accepting the KDL challenge to become a positive influence in the community by using good sportsmanship, teamwork, and a healthy lifestyle.

(Player's Signature)

(Parent/Legal Guardian Signature)

Date

***** Please make checks payable to KDL or Ketchikan Dribblers League. *****

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FOR OFFICE USE ONLY
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Paid By: [] Cash [] Check (Check Number _____) Receipt No: _____

Grade Verified: [] Yes [] No Received By: _____ Date: _____