

# 2016 Montpelier Boys & Girls Basketball

## 1<sup>st</sup> & 2<sup>nd</sup> Grade

**Cost \$30.00    Deadline: January 22, 2016**

(Forms will not be accepted after this date)

Return Form to Montpelier City Hall with payment or mail to:

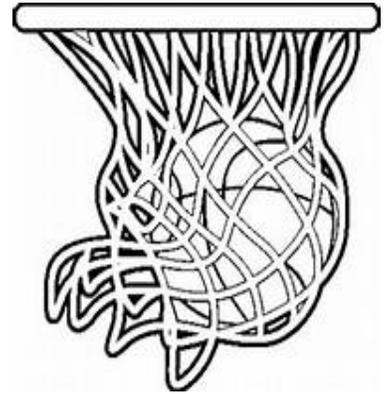
534 Washington Montpelier, ID 83254

Call or text Kim Bateman @ 208-221-3568

with any questions.

Games will start in February and go for 4 weeks.

Games will be played on Saturday mornings.



Name \_\_\_\_\_ Sex \_\_\_\_\_  
FIRST LAST

Grade \_\_\_\_\_ Shirt Size: Youth Small \_\_\_ Youth Medium \_\_\_ Youth Large \_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Other \_\_\_  
(Provided)

Mother/Guardian \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Home # Cell #

Father/Guardian \_\_\_\_\_ Address \_\_\_\_\_  
(if different from above)

\_\_\_\_\_  
City, State, Zip Home # Cell #

Can you receive text messages: Yes \_\_\_ No \_\_\_ Email Address: \_\_\_\_\_

Parents: I am willing to: \_\_\_ Coach Help in other ways \_\_\_\_\_  
\_\_\_\_\_ Referee \_\_\_\_\_ Keep Score \_\_\_\_\_ Concession help

I(we) the parents and/or guardians of the above named candidate for a position on a league team, hereby give my(our) approval to participate in any/all league activities. I(we) assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I(we) do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organization, the organizers, sponsors, participants and persons transporting my(our) child to and from activities; for any claim arising out of any injury to my(our) child, whether the result of negligence or from any other cause.

I(we) agree to return any equipment issued to my(our) child in as good a condition as when issued except for normal wear and tear. If equipment is not returned a fee of \$50.00 will be charged.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Official Use Only

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

