T.A.P YOUTH BASKETBALL LEAGUE, INC.

PLEASE CHECK ONE: ____ BOYS PROGRAM ____ GIRLS PROGRAM

PLEASE CIRCLE GRADE: 3 4 5 6 7 8 9 10 11 12

NAME:_____

ADDRESS: _____

EMAIL ADDRESS:_____

DATE OF BIRTH: _____/_____/_____ TELEPHONE #_____

We ask for participation of all Parents /Guardians in our program. Please consider volunteering for one of the following:

_____ COACH _____ ASSISTANT COACH _____ CONCESSION STAND (1/2 DAY)

If you or the company you work for is a team sponsor of T.A.P. youth basketball and you would like your (grand)child be placed on that team, please provide us with the following information:

_____YOUR NAME _____ SPONSOR NAME

FEE: $_____ CK#_____ CASH _____ OTHER _____

NUMBERS OF PLAYERS IN FAMILY: _____

Player $90.00 (Early bird discount of $10 if you register prior to October 31st)
Family Max. $160.00

The purpose of this program is to encourage players to enjoy the sport, to get plenty of court time, and to have fun. We will begin in November and will end in March. Boys and Girls in Grades 3 & 4 will participate in an Instructional Program each Saturday. All other Boys and Girls Teams in other Divisions compete in separate leagues. Games will be scheduled each Saturday between 8:00 am and 5:00 pm and some Wednesday evenings between 6:00 pm and 9:00 pm. Practices may also be scheduled for all teams one evening a week whenever possible. Refer to: **http//www.tapbasketball.com** for further information.

Checks should be made out to "T.A.P. YOUTH BASKETBALL" and submitted with this completed form at the scheduled sign-up dates at North Middlesex High School

LIST ANY MEDICAL PROBLEMS OR PROHIBITIONS _____

_____

I, the Parent / Guardian of the Registrant, a minor, Agree that I and the Registrant will abide by the rules as stipulated by the T.A.P. Youth Basketball League, Inc. On behalf of Myself and the Registrant Child, I hereby release and forever discharge T.A.P. Youth Basketball League, Inc., its Officers, Directors and Coaches from any claims, causes of action, and damages of any nature and description arising out of the participation by the above named Registrant in the T.A.P Youth Basketball Program. As the Parent or Legal Guardian of the above named Registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent. I understand that no medical personnel are assigned to be present at any game, or at any practice.

PARENT/GUARDIAN NAME: (PLEASE PRINT)_____ _____

PARENT/GUARDIAN SIGNATURE: _____ DATE:_____ _____