



**Somerset Basketball League**  
 PO Box 343, Somerset, MA 02726  
 www.somersetbasketball.org

Registration Form: 2011 - 2012 Season

**somerset**  
 basketball league

Player's name: \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Age at 12/31/11 \_\_\_\_\_ School grade at 12/31/11 \_\_\_\_\_

Did the player participate in the league last year? \_\_\_ Yes \_\_\_ No

Does this player have any health problems? \_\_\_ Yes \_\_\_ No

If yes, please state what they are: \_\_\_\_\_

Will these health problems impact the player's ability to participate  
 in competitive basketball games and practices? \_\_\_ Yes \_\_\_ No

Fee information: Payment Method: (Please circle):

CHECK AMOUNT: \_\_\_\_\_ CHECK #: \_\_\_\_\_ (if applicable) CASH

\$75 for first family member; \$50 for second family member ; \$25 for third family member

All fees must be paid at the time of registration. Players will not be allowed to participate until all fees are paid in full. A charge of \$15 will be assessed for all returned checks. If any player seeks a refund after the registration fee has been paid, he/she has until October 31st to make the request in writing. No refunds will be issued after October 31st.

**Parent/guardian authorization:**

I, the parent/legal guardian of the player named above, hereby authorize and give my permission to said individual to participate in any and all Somerset Basketball League activities. On behalf of the above individual, I assume all risks and hazards incidental to such participation, including, but not limited to: participation in practices related to such activity; participation in games related to such activity; transportation to and from such activities, should same be necessary. I do hereby waive, release, absolve, indemnify and agree to hold harmless, the league organization, including but not limited to, the Board of Directors, the organizers, sponsors, supervisors, coaches, referees, participants, and persons transporting the player to and from said activities, for any claim arising out of injury to the player.

Parent/guardian's name: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Are you interested in volunteering to be a coach/asst. coach? \_\_\_\_\_ general assistance? \_\_\_\_\_

Would you like to be a league sponsor? \_\_\_\_\_

FOR SBL USE ONLY: Completed Form & Payment Received By: \_\_\_\_\_ Date: \_\_\_\_\_