

WELLS BASKETBALL LEAGUE

<u>BOY'S AGE</u>	<u>BOY'S FEE</u>	<u>DIVISION</u>
8-9	\$90	Instructional
10-11	\$130	Minor
12-13	\$130	Intermediate
14-15	\$130	Junior
16-18	\$130	Senior

FEE'S INCLUDE FUNDRAISER

***WELLS WILL CONDUCT SKILL ASSESMENTS TO DETERMINE BRACKETS LEVELS FOR EACH DIVISION. INTIALS _____.

PLAYERS NAME _____ AGE _____ DOB _____

AGE OF PLAYER AS OF AUGUST 1, 2008 _____.

ELEMENTARY SCHOOL DISTRICT _____ GRADE _____

CURRENT SCHOOL _____ HOME PHONE _____

EXPERIENCE _____ HEIGHT _____ WEIGHT _____

PARENTS NAME _____ E-MAIL _____

STREET ADDRESS _____

SHIRT SIZE _____ SHORTS SIZE _____

I/WE, THE PARENTS OR LEGAL GUARDIANS OF THE ABOVE CANDIDATE FOR A POSITION ON THE WELLS BASKETBALL TEAM, HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ANY AND ALL LEAGUE ACTIVITIES.

I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES AND I/WE DO HERRBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS WELLS ATHLETIC ASSOCIATION, INC., THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR SON OR DAUGHTER. I HAVE READ THE CODE OF CONDUCT AND UNDERSTAND SAID DOCUMENT.

I/WE AGREE TO RETURN ALL UNIFORMS AND OTHER EQUIPMENT ISSUED TO MY/OUR SON OR DAUGHTER IN AS GOOD A CONDITION AS WHEN WE RECEIVED, EXCEPT FOR NORMAL WEAR AND TEAR.

I/WE WILL FURNISH A BIRTH CERTIFICATE OR OTHER PROOF OF BIRTH OF THE ABOVE NAMED CANDIDATE AT HIS OR HER INITIAL SIGN IN.

I/WE WILL PARTICIPATE IN THE LEAGUE'S FUND RAISING PROJECTS, AND SEE THAT ALL MONEY AND UNSOLD MERCHANDISE IS RETURNED TO THE DESIGNATED INDIVIDUALS WHEN DUE.

SIGNATURE(S) SIGNIFY UNDERSTANDING OF THE AGREEMENT TO ALL DUES, FEE'S AND DUTIES ASSOCIATED WITH/FOR WELLS BASKETBALL. ALL RETURN CHECKS WILL BE CHARGED AND FEE'S INCURRED BY SAID ASSOICATION.

I/WE WILL PROVIDE PROPER BASKETBALL EQUIPMENT (BASKETBALL SHOES) FOR OUR SON/DAUGHTER AS REQUIRED BY SAID LEAGUE RULES (CHESTERFIELD BOYS BASKETBALL LEAGUE/CHESTERFIELD GIRLS BASKETBALL LEAGUE).

SIGNED _____ DATE _____

SIGNED _____ DATE _____

I WOULD LIKE TO BE OF HELP:

() HEAD COACH

() SCORE KEEPER

() TEAM PARENT

() ASST. COACH

() FUND RAISER

CHECKS PAYABLE TO: WELLS ATHLETIC ASSOCIATION