



57 Stallions Youth Basketball Association
PO Box 1094 ~ Alfred, ME 04002
www.57stallions.org
57StallionsHoops@gmail.com

2014 Application to Participate - Grades 3 thru 8

Participant's Name: _____ **Date of Birth** _____

Street Address: _____

Town: _____ Zip Code _____ School Attending: _____

Present Grade: _____ Present age _____ T-shirt Size: _____ (please specify youth or adult size) Gender (please circle): Girl Boy

PARENT/GUARDIAN INFORMATION

Primary Contact: _____ Relationship: _____

Home Phone # _____ Cell Phone # _____ Other # _____

E-mail: _____

Emergency Contact: _____ Relationship: _____

Home Phone # _____ Cell Phone # _____ Other # _____

E-mail: _____

MEDICAL RELEASE TO PARTICIPATE IN PROGRAM

In case of an emergency, if family physician cannot be reached, I hereby authorize (Players Name) _____ to be treated by qualified, licensed physician who is available. I hereby authorize any hospital or physician who is available to administer such emergency treatment as the child's condition requires. It is my intent by this consent to include the administration of drugs, anesthetics and the application of any medication that the circumstances may require on an emergency basis. **Please list any allergies, medical and/or physical conditions your child has that our coaches should be aware of:**

Date of child's last physical exam: _____ Recommended hospital: _____

Family Physician/Address: _____ Phone number: _____

Parent/Guardian's Signature: _____ Insurance carrier: _____ Policy#: _____

PERMISSION TO POST TO THE INTERNET PHOTO RELEASE

It may happen through the course of the season that your child may be given the opportunity to have his/her picture posted on the 57 Stallions Youth Basketball Association website (www.57stallions.org) and/or Facebook page. State of Maine law requires that we receive a signed release before we can post a child's name or photograph. If you have questions or concerns, feel free to contact Scott Samson, President, – PO Box 1094, Alfred, ME 04002. Please check yes or no and sign below. Thank you.

I give my permission for my child's first name and last initial, accomplishments, and picture to be posted on the 57 Stallions Youth Basketball Association website (please circle). Yes No

Parent/Guardian's Signature

Date

(cont'd on back)

VOLUNTEER OPPORTUNITIES

57 Stallions YBA is a community based, non-profit, youth focused sports program supported by the volunteer efforts of people like you. Please consider volunteering and check one or more of the options below.

<input type="checkbox"/>	Concession Stand	<input type="checkbox"/>	Officials
<input type="checkbox"/>	Coach	<input type="checkbox"/>	Team Mom
<input type="checkbox"/>	Assistant Coach	<input type="checkbox"/>	Other
<input type="checkbox"/>	Fundraising Efforts	<input type="checkbox"/>	

REGISTRATION FEE

Please make check or money order payable to 57 Stallions YBA.

Summer Session:

- Player Development - \$125 entry fee**
 - **Includes 2 practices/skill sessions per week for 4 weeks**

Apply Multiple Sibling Discount: After one child is paid at full cost, there is a \$10 discount for each additional child.

Number of Sibling(s) Participating: _____ Names of Sibling(s) Participating: _____

FOR PARENTS/GUARDIANS

- I/We the parents/guardians of the above named candidate for 57 Stallions Youth Basketball Association hereby give my/our approval to participate in any and all 57 Stallions Youth Basketball Association activities, including transportation to and from those activities.
- I/We agree to return any issued uniforms and/or equipment issued to my/our child in the same condition, excluding any reasonable wear and tear.
- I/We know that participation in youth sports may result in serious injuries and that protective equipment does not prevent all injuries to players, and do hereby release, absolve, indemnify and agree to hold harmless the 57 Stallions Youth Basketball Association, the organizers, sponsors, supervisors, participants and persons overseeing my/our child with sanctioned activities from any claim arising from any injury to my/our child.

Parent/Guardian's Signature: _____

Date: _____

FOR 57 STALLIONS YOUTH BASKETBALL ASSOCIATION USE ONLY

Total Amount Paid \$ _____ Check # _____ Cash _____ Board member Initials: _____