



South Suburban Basketball Association



BOY'S and GIRL'S

2007-2008 SEASON REGISTRATION FORM

\$100.00 Per Player—In Divisions A, B & C--8 to 14 yrs

\$75.00 Per Player—In Instructional Division--6 & 7 yrs

Original fee will be reduced by \$5 for the second sibling and \$10 for the third sibling

(Age of Player as of September 1, 2007)

Deadline for receipt of payment and form is October 27, 2007

All participants must provide copy of birth certificate

PLEASE PRINT

PARTICIPANT #1 _____	M F	AGE _____
DOB _____ DIVISION _____		
PARTICIPANT #2 _____	M F	AGE _____
DOB _____ DIVISION _____		
PARTICIPANT #3 _____	M F	AGE _____
DOB _____ DIVISION _____		
ADDRESS _____		
CITY/STATE/ZIPCODE _____		
PARENT(S) NAME _____		
HOME PHONE _____	WORK _____	CELL _____

. DIVISIONS----- "F"--6 & 7 years "C" 8 & 9 years "B" 10 & 11 years "A" 12-14 yrs
AMOUNT PAID \$ _____ IS PLAYER FROZEN? * YES ___ NO ___

*IF YES, GIVE COACHES NAME #1 _____

#2 _____ #3 _____

***Parent and Coach must be in agreement for a player to be frozen**

(PLEASE READ CAREFULLY BEFORE SIGNING)

WAIVER FROM LIABILITY and CONSENT for MEDICAL TREATMENT (minor)

I, parent signed below authorize my child to participate in the South Suburban Basketball League. I hereby give my consent to my son or daughter's Team and if necessary to South Suburban Basketball Association, Inc. to act on my behalf as guardian in the case of a medical emergency care situation authorized by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. Recognizing the possibility of physical injury, I hereby release, discharge and/or otherwise indemnify the South Suburban Basketball Association Inc. persons, against any claim by or on behalf of my child as a result of participation in the basketball league, and all other actions with regard to participation with the South Suburban Basketball Association, Inc. and its members, coaches, sponsors and associations.

Parent Signature _____

For Official Use Only – Do Not Write Below This Line

Check # _____	Date Written _____
Amount Paid _____	Birth Certificate Yes _____ No _____
Board Members Signature/Approval _____	

NO REFUNDS AFTER PARTICIPANT HAS PLAYED IN A GAME. OBTAIN BUY-OUT INFORMATION FROM BOARD MEMBER ASSOCIATED WITH 6-7 YEAR OLDS (INSTRUC.)

Call our voice-mail or check our website for registration dates, times and locations. Practices start November 1, 2007.

South Suburban Basketball Association, Inc. P.O. Box 17799, Kansas City, MO 64134

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