

CHESTERFIELD BASKETBALL LEAGUE
APPLICATION TO PLAY BASKETBALL

APPLICANTS NAME: _____ DATE OF BIRTH: _____
STREET ADDRESS: _____ PHONE NUMBER: _____
CITY AND STATE : _____ ZIP CODE: _____
ELEMENTARY SCHOOL BOUNDARY: _____ ASSOCIATION: _____
SCHOOL ATTENDED: _____ GRADE: _____
MIDDLE AND HIGH SCHOOL AGED APPLICANTS ONLY:
ARE YOU ON A SCHOOL OR TRAVEL BASKETBALL TEAM: _____

I/We, the parents or legal guardians for the above candidate for a position on a Chesterfield Basketball League 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 hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Basketball League, Inc., the organizers, sponsors, supervisors, participants and person transporting My/Our son or daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return all uniforms and other equipment issued to My/Our son or daughter in as good condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate or other proof of birth of the above named candidate at this or initial sign in.

I/We understand that My/Our son or daughter is an ineligible player if he/she is named on any roster of any official school basketball team, whether public, private or parochial, during the current school year.

Is this candidate covered by Health Insurance? _____ YES _____ NO .

Name of insurance company: _____

Parent/Guardian Signature: _____ Date: _____

FREE AGENT NOT REQUIRING RELEASE

The above named participant qualifies as a free agent without release from _____ association to play for _____ association because his/her parent was a _____ for _____ association the previous year of _____ and is a _____ for the current year.

FREE AGENT REQUIRING WAIVER

The above player is hereby released from _____ association to play for _____ association in the _____ division.

REASON FOR RELEASE: _____

AUTHORIZED BY: _____ (Home Association Director or President)

APPROVED BY: _____ Date: _____

League Official

PLACE
BIRTH CERTIFICATE STICKER
IN THIS SPACE