

SIGN ME UP FOR KERRY ROBERTS WINTER BASKETBALL

2018/2019

(PLEASE PRINT CLEARLY)

PLAYER NAME _____ CIRCLE GENDER & T-SHIRT SIZE
BOY GIRL

GRADE _____ SCHOOL _____

STREET ADDRESS _____ T-SHIRT SIZE

CITY/STATE/ZIP _____ CM AS AM

HOME PHONE NO. _____ AL AXL AXXL

COACH NAME (IF APPLICABLE) _____ I AM WILLING TO COACH: YES NO

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the Kerry Roberts Basketball League.

I understand that there are certain risks inherent in the sport of basketball, and I am ready to assume these risks on behalf of my child. I hereby certify that my child is capable of participating in the sport of basketball and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

Please list any physical limitations (allergies, hearing, sight, etc.) _____

In addition to giving my full support for my child's participation, I do hereby waive, release, and hold harmless the Kerry Roberts Basketball League, the Bonner Springs Optimist Club, the city of Bonner Springs and Unified School District #204, their officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

In the event of accident or injury to my child and subsequent determination that emergency medical treatment is necessary, I hereby authorize the Kerry Roberts Basketball League Staff and/or coaching staff to admit said child to the nearest medical treatment center and place him/her under the care and treatment of the attending Physician.

Parent/Legal Guardian Printed Name _____

Parent/Legal Guardian **SIGNATURE** _____

Parent/Legal Guardian Telephone Nos _____

Email address _____

Payment Info: \$ _____ Cash _____ Check # _____

RETURN REGISTRATION FORM AND APPROPRIATE FEE(S) TO:

**BONNER SPRINGS OPTIMIST CLUB, PO BOX 123, BONNER SPRINGS, KS 66012
OR Drop off at KCB Loan office, 13100 Commercial Dr, Bonner Springs, KS 66012**

www.KRBasketball.com

For further information call:

Ken May, 913-721-7699 or Fred Stanbrough, 816-830-1473