

# Randolph Youth Basketball Association

## Co-Ed Summer League 2019

6 week season beginning June 24 – August 2, 2019  
Weeknights, No Fridays

**Cost: Fees will be \$60.00 for the first child and \$50.00 for each additional sibling.**

Proof of age must be supplied for non returning players.  
All games played at the JFK School outdoor basketball courts.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Parent Name \_\_\_\_\_

Email address: \_\_\_\_\_.

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ M / F Current Age \_\_\_\_\_

**(circle one)** Adult shirt sizes : SMALL - MED - LARGE – X LARGE - 2X LARGE

Address: \_\_\_\_\_.

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_.

Home Tel: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_.

Medical Issues: \_\_\_\_\_.

Medications: \_\_\_\_\_.

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_.

**TBD:**

**URGENT! Please indicate previous basketball experience:** Beginner \_\_\_\_,  
Randolph Rec. \_\_yrs, Elementary School League \_\_ yrs, RYBA Travel \_\_yrs,  
Middle/ High School team yrs \_\_\_\_

Forms may be mailed to: Randolph Youth Basketball Association  
P.O. Box 734  
Randolph, MA 02368

I authorize and grant permission to **Randolph Youth Basketball Association** and any of its authorized agents to use my child's photographic image for any electronic or non-electronic form or media. I agree that the image may be reproduced, edited and used in whole or in part for any and all media, including, without limitation, print, audio-visual, multimedia, and/or exhibition purposes, in any manner, in perpetuity and throughout the world. I understand and agree that I have no rights to any benefits derived from any such image. I expressly release and forever discharge the **Randolph Youth Basketball Association** and any of its authorized agents any and all claims and demands of any kind whatsoever in relation to, or arising out of, the use of my child's photographic image. I have read this release before signing below, and I fully understand the contents, meanings and impact of this release and waiver.

I understand that the directors & coaches of **Randolph Youth Basketball Association**, its trustees, agents and officers, will not assume responsibility for accidents & medical or dental expenses incurred as a result of participation in this program. The applicant is covered by our family insurance, is in good health and able to participate in the physical activity of a vigorous program. I hereby authorize the league directors to act for me according to their best judgement in any emergency requiring medical attention. I will hold harmless **Randolph Youth Basketball Association**, its trustees, agents and officers of any and all liability actions, causes of action, claims & demands of every kind and nature whatsoever which may arise in connection either with or resulting from participation in this program.

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_.

For more information, email: [Randolphyouthbasketball@comcast.net](mailto:Randolphyouthbasketball@comcast.net) or call: 339-987-4824