



Randolph Youth Basketball Association

Registration Form

Travel Season 2019-2020

PLEASE FILL OUT FORM CLEARLY AND COMPLETELY

Last Name: _____ First Name: _____ Parent's Name: _____

Email address: _____

Date of Birth: ___/___/___ M / F Current Grade _____ Current Age _____

Address: _____

Home Tel: _____ Parent /Guardian Cell: _____

Medical Issues: _____

Medications: _____

Emergency Contact: _____ Tel: _____

URGENT! Please indicate previous basketball experience:

Beginner ____, Randolph Rec. ___yrs. Elementary School League __ yrs.

RYBA Travel ___yrs. Middle School team yrs. ____

(Please bring this form to open gym / tryouts with tryout fee)

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@outlook.com or call: 781-510-0057

To be completed by RYBA personnel only:

Payment: _____ Tryout fee \$ _____ Date: _____