

Summer 2015

Maui Youth Basketball League

PO Box 1998
Wailuku, Maui, HI 96793

Player ID: _____

Fee: \$20 _____ Paid

NO late applications will be taken after April 25th, 2015**Player Information:**

Last Name

First Name

Date of Birth

Age

☐

Male

☐

Female

Address

Town/Zip

YM YL AS AM AL AXL AXXL

Preferred Phone

Preferred Email

Shirt Size

MYBL experience? Y?N

If no, rate player's ability, 1 to 5: _____

Parent Information:

Father/Guardian

Father's Preferred Phone

Residence if different from above

Father's E-mail

Mother/Guardian

Mother's Preferred Phone

Address if different from above

Mother's Email

Volunteer Information:

Coach Asst Coach Ref Team Mom League Helper

Name

Volunteering for (circle one)

Medical Information:Insurance? ☐ Yes ☐ No

Insurance Company: _____

Does your child have any disabilities, present injuries or limitations, allergies, hemophilia, heart condition, respiratory illness or any other condition that would inhibit participation or just something the coach should know about? ☐ Yes ☐ No

If yes please explain: _____

Emergency Authorization:

I the undersigned parent or legal guardian of the participant, a minor hereby authorize the coaches, assistant coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment in case of emergency and I cannot be reached, please contact:

Full Name

Address

Phone

Indemnification:

To induce the Maui Youth Basketball League (MYBL) to accept and permit participation in the MYBL by the named individual, I the parent or guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless the County of Maui, MYBL, its Officials, coaches, and representatives from any claim arising from injuries or conditions caused by their conduct, negligent or otherwise or by my refusal to obtain medical treatment based on religious or philosophical beliefs. I acknowledge that I have read and understand the statements contained in this application and waiver, and I certify the information I supplied is true and correct.

Signature of Parent or Guardian

Date