**Satellite Beach P.A.L.**

## Summer 2021

## Youth Co-Ed Basketball

## Ages 5&6, 7/9, 10/12, 13/16

**Fees: 5&6 year olds $75.00**

### NO SPECIAL 7-16 year olds $95.00

## REQUESTS FOR Make Checks Payable to: SBCS, PAL

## COACHES OR

**TEAMS!!!!!!!!!!**

#  Registration Form shirt size: \_\_\_\_\_\_\_\_

(Please fill in all information) (specify adult or youth)

Last Name First Name E Mail Address

Mailing Address City State Zip

**Main Contact Number**  Emergency Contact Emergency Phone

M F Birth Date Age as of 6/26/21 **Height**  Parent’s Name/Cell Phone

**CIRCLE ONE:** Co-ed 5/6 Co-ed 7/9 Co-ed 10/12 Co-ed 13/15 **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

PAL sports are driven by the time and energy of our many volunteers. Please consider giving the children your time. I am willing to help by: (***please check one)***:

\_\_\_\_\_ Coach \_\_\_\_\_ asst. coach \_\_\_\_\_ team parent

\_\_\_\_\_ I am willing to sponsor a team for $125.00. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Name of sponsor, contact person & phone*

The undersigned, who hereby represents that he/she is the natural parent (or legal guardian) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, does hereby consent to said minor (child’s) participation in programs or activities of the Satellite Beach PAL. In exchange for the PAL allowing said minor to participate in programs and/or activities the undersigned does hereby assume all risks and hazards incidental to the conduct of this said activity whether because of negligence, action or inaction by the SBPAL or its staff, volunteers or agents during games, practices and/or transportation to and from those events. The undersigned expressly acknowledges that he/she releases the SBPAL and its staff, volunteers, and agents of any cosponsoring agency from all liability for any injury, loss or damage connected any way whatsoever to participation in SBPAL activities whether on or off the SABPAL premises. The undersigned acknowledges that participation in any activity involves risk of contact between participants. I, the undersigned, acknowledge that I have read and am voluntarily signing this authorization and release.

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PARENT/GUARDIAN SIGNATURE DATE PICTURE BIRTH CERTIFICATE

ANY REFUND REQUESTS AFTER SKILL ASSESSMENTS, 5/16 WILL RESULT IN A $10.00 ADMINISTRATION FEE. REGISTRATIONS RECEIVED AFTER ASSESSMENTS WILL INCLUDE A $10 LATE FEE.