

SWIFT CREEK ATHLETIC ASSOCIATION

2016-2017 Boys Basketball Registration Form

Player's Name: _____ Date: ____/____/____

Parent Name:

(1) _____ (2) _____

Address: _____ ZIP Code: _____

E-mail (1) _____ (2) _____

Phone (1) _____ (2) _____

Birth Date: ____ / ____ / ____ **Age as of 12/31/16** _____

Requested Coach: _____

Birth Certificate: On File ____ Attached ____ Will Fax ____

Elementary School Boundary: _____

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age.) I hereby consent that my son, _____ participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE ABOVE ASSOCIATION AND MYSELF AND I SIGN IT OF MY FREE WILL. I FURTHER UNDERSTAND THAT IF MY CHECK IS RETURNED, I WILL BE SUBJECT TO A 25.00 RETURNED CHECK FEE.

_____/_____/_____
Signature of Parent/Guardian Name (Printed) Date

SCAA Use Only: Team: _____ Coach: _____ Uniform# _____

REGISTRATION FEE \$145.00 (INCLUDES UNIFORM)

NO REFUNDS AFTER DEC 15TH 2015