

DATE:

2019 Yakima Valley Basketball League/Tournament Registration Form

When: November 3 and November 10
Where: Sherar Gymnasium on YVC Campus
Who: Grades 2nd – 8th
Costs: \$10 * 4-8 quarters 5 on 5 play
Time: 4pm-6pm

Name _____

Address _____

City _____ State _____ Zip _____

Parent/Emergency Name _____

Parent/Emergency Phone _____

Parent/Emergency Email _____

Participant's Age _____ Participants Grade Level _____

Name of School _____

Indicate level of competition you desire (Circle One)

2 nd Grade/3 rd Grade	General	Elite
4 th Grade thru 6 th Grade	General	Elite
7 th Grade/8 th Grade	General	Elite

PARENT'S RELEASE INDEMNITY AGREEMENT

We/I give my permission for my child to participate in the Yakima Valley Basketball Leagues/Tournaments/Camp and/or Clinics and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my child's participation, I will not hold the camp or its staff or volunteers or Yakima Valley College responsible for any loss, damage or injuries that may be received as a result in the participation in these camps and/or clinics. In addition, I give my permission for any medical treatment by any qualified physician or the nearest hospital emergency room in the case that I cannot be reached at the number(s) provided.

Parent Signature: _____

Reminder – We are trying to build a very competitive, high end, event. We hold the right to evaluate competitive level versus competition at each level. Athletes will be grouped by ability and aggression. If we feel your child should be moved to another competition level, we will do so. Also, pending the number of participants in each grade level times of games and start times may be subject to change.