

# Alleghany Youth Basketball

C/o Alleghany County Recreation  
348 S. Main St., P.O. Box 366  
Sparta, NC 28675  
(336) 372-2942 fax (336)372-2972

Player Name \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Medical Conditions/Allergies \_\_\_\_\_  
School Attending \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
Would you be will to coach your child's team if needed? Yes No Maybe  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Youth Shirt Size: s m l xl **OR** Adult Shirt Size: s m l xl

Please make checks payable to: **Alleghany County Recreation**

.....  
**WAIVER FOR PARTICIPATION BY PARENT/GUARDIAN**

We, the parents of the above named candidate for a team position, hereby give our approval to participate in any and all related activities. We assume all risks and hazards incidental to such participation including transportation to and from the activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Alleghany County Recreation, the Alleghany Youth Basketball League, the organizers, supervisors, participants, coaches, and referees or their agents for injuries while using county facilities and persons transporting our child to and from activities, for any claim arising out of any injury to our child for any cause.

Name of Family Medical Plan \_\_\_\_\_

Plan Administrator \_\_\_\_\_ Policy I.D.# \_\_\_\_\_

\_\_\_\_\_  
Signature (Parent or Legal Guardian)

\_\_\_\_\_  
Date