Player Name								Phone #	<sup>‡</sup> 1
Parent / Guardian								Phone #	<b>#</b> 2
Address						Ci	ty		ID Zip Code
Grade	Ma	le / Fem	ale En	nail					
Registration Fee:	(Fee inc	ludes shi	irt, leag	gue insur	ance, and	dofficials	)		
Pick One	<u> </u>	3 <sup>rd</sup> -4 <sup>th</sup> (	\$50)	5 <sup>th</sup> -6 <sup>t</sup>	<sup>h</sup> (\$55)				
Player S	hirt Size		YM	YL	AS	AM	AL	AXL	
Please make che	cks payal	ole to: Ku	ına You	ıth Baske	etball or K	YBB			
				Pare	nts, KYE	BB need	ls your d	assistance	<b>.</b>
	Plea	se circle	one of	the follo	wing if yo	u are wil	ling to he	lp/volunte	er with KYBB this season
								arent	Director/Coordinator
I	Will: C	Coach		Asst Co	ach		Team P		
। Parent Release		Coach		Asst Co	oach		Team P		
Parent Release	:					is of norm			
Parent Release I certify that program. I unders	and that	my child v	will be p	articipatii	ng in Kuna	Youth Bas	al health a	ınd capable c	of participating in the Kuna Youth Basketbal not hold the organization, board, or coaches
Parent Release	and that	my child v	will be p	articipatii	ng in Kuna	Youth Bas	al health a	ınd capable c	of participating in the Kuna Youth Basketbal
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Parent Release I certify that program. I undersi responsible for any Signature  Rules: Everyone discretion if they	plays ½ of are ill or	my child v njury incu of game o have mis	or more ssed pr	articipatii my child e with re actices.	ng in Kuna during the gular prad	Youth Base activity.	al health a	nd capable of distribution of that I will reference to the distribution of the distrib	of participating in the Kuna Youth Basketbal not hold the organization, board, or coaches  e  Il play members of a team at his/her