

Player Name_____ Phone #1_____

Parent / Guardian_____ Phone #2_____

Address_____ City_____ ID Zip Code_____

Grade_____ Male / Female Email_____

Registration Fee: (Fee includes shirt, league insurance, and officials)

Pick One 3rd-4th (\$50) 5th-6th (\$55)

Player Shirt Size YM YL AS AM AL AXL

Please make checks payable to: Kuna Youth Basketball or KYBB

Parents, KYBB needs your assistance.

Please circle one of the following if you are willing to help/volunteer with KYBB this season

I Will: Coach Asst Coach Team Parent Director/Coordinator

Parent Release:

I certify that _____ is of normal health and capable of participating in the Kuna Youth Basketball program. I understand that my child will be participating in Kuna Youth Basketball and that I will not hold the organization, board, or coaches responsible for any harm or injury incurred to my child during the activity.

Signature_____ **Date**_____

Rules: Everyone plays ½ of game or more with regular practice attendance. Coaches will play members of a team at his/her discretion if they are ill or have missed practices.

The following is optional and available for 3rd/4th grade only:

Coach Request: _____

Teammate Request: _____
