

THE EASTERN PRINCE WILLIAM BASKETBALL ASSOCIATION, INC. PLAYER APPLICATION

FOR THE PLAYERS

Last Name	First Name	Sex (M/F)	Date of Birth
Street Address	City	State	Zip Code
Telephone No.	E-mail address (please write legibly)		School Attended

FOR THE PARENTS

Check a position below in which you could serve this year.

Team Sponsor (\$150) _____ Name of Business _____

Coach _____ (League Preferred) _____ Assistant Coach _____ (League Preferred) _____

Occasional Team Assistance: Scorekeeping _____ Clock Operation _____ Game Writeups _____

I, the parent or legal guardian of the above named player applicant for a position on a basketball team in The Eastern Prince William Basketball Association, Inc., hereby give my approval for his/her participation in any and all activities of the EPWBA. I hereby waive, release, absolve, indemnify, and agree to hold harmless, the coaches, sponsors, supervisors, participants, any persons transporting my child, and the Eastern Prince William Basketball Association, Inc., from any claim arising out of injury to my son/daughter.

I recognize the promotion of sportsmanship as a primary goal of the EPWBA. I will encourage my son/daughter to display good sportsmanship, and will set an example of good sportsmanship by my own conduct toward players, officials and other fans.

(18 YEAR OLDS MAY WAIVE PARENTAL SIGNATURE AND AGREE TO THE FOREGOING BY SIGNING AND DATING BELOW)

Signature of parent or legal guardian

Date

(MONEY CANNOT BE REFUNDED TO PLAYERS WHO DROP OUT AFTER TEAMS ARE CHOSEN)

.....**FOR LEAGUE USE ONLY**.....

PAYMENT OF FEES	
Registration Fee	_____
Amount Paid	_____
Amount Due	_____
Payment By: Cash	_____
Check	_____



ASSIGNMENT	
Birth Date	_____
Verified By:	_____ Year _____
Playing Age	_____
League & Sign-up #	_____
Team	_____