

SIDNEY BASKETBALL LEAGUE BOYS GRADES 4-6

NAME _____

ADDRESS _____

PARENT NAME _____

DAY PHONE _____

CELL _____

EVENING PHONE _____

GRADE _____

JERSEY SIZE: YL AS AM AL XL

I GIVE MY PERMISSION FOR _____ TO
PARTICIPATE

IN THE SAHA. I ASSUME ALL LIABILITY AND ABSOLVE THE COACHES, OFFICIALS,
ADMINISTRATORS AND SUPERVISORS OF THE ASSOCIATION
I, ALSO, WILL PROVIDE INSURANCE FOR MY CHILD IN CASE OF INJURY.

PARENT SIGNATURE

SIDNEY CITY SCHOOL STUDENTS ONLY WILL BE ACCEPTED
MAKE \$30 CHECK PAYABLE TO THE "SBL" & SEND WITH APP TO
COACH CLARK / SIDNEY HIGH SCHOOL / 1215 CAMPBELL ROAD / SIDNEY, OH
45365 DEADLINE-JAN 15, 2010

tear here

**CLINIC IS REQUIRED PRIOR TO
PARTICIPATION**

MONDAY JANUARY 18 6P-8P @ SMS MAIN GYM
1 PRACTICE/WEEK (ON WED OR THR @ 6P-715)
GAMES PLAYED ON SUN JAN 31 – FEB 28, 2010