

# CHESTERFIELD BASKETBALL LEAGUE

## APPLICATION TO PLAY BASKETBALL

APPLICANTS NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ELEMENTARY SCHOOL BOUNDARY: \_\_\_\_\_ ASSOCIATION: \_\_\_\_\_

SCHOOL ATTENDED: \_\_\_\_\_ GRADE: \_\_\_\_\_

I/We, the parents or legal guardians for the above candidate for a position on a Chesterfield Basketball League team, hereby give My/Our approval to his/her participation in any and all league activities.

I/We assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Basketball League, Inc., the organizers, sponsors, supervisors, participants and person transporting My/Our son or daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return all uniforms and other equipment issued to My/Our son or daughter in as good condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate or other proof of birth of the above names candidate at this or initial sign in.

I/We understand that My/Our son or daughter is an ineligible player if he/she is named on any roster of any official school basketball team, whether public, private or parochial, during the current school year.

Is this candidate covered by Health Insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of insurance company: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FREE AGENT NOT REQUIRING RELEASE

The above named participant qualifies as a free agent without release from \_\_\_\_\_ association to play for \_\_\_\_\_ association because his/her parent was a \_\_\_\_\_ for \_\_\_\_\_ association the previous year of \_\_\_\_\_ and is a \_\_\_\_\_ for the current year.

### FREE AGENT REQUIRING RELEASE

The above player is hereby released from \_\_\_\_\_ association to play for \_\_\_\_\_ association in the \_\_\_\_\_ division.  
REASON FOR RELEASE: \_\_\_\_\_  
AUTHORIZED BY: \_\_\_\_\_ (Home Association Voting Rep. or President)

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
League Official

PLACE  
BIRTH CERTIFICATE STICKER  
IN THIS SPACE