



STORM YOUTH SPORTS 1ST & 2ND GRADE BASKETBALL

REGISTRATION & FEE DUE: Monday, October 30th

Name of Player(s): _____

Parents' Names: _____

Home Address: _____

Best Contact Phone number(s). Please check the box next to the number if it can

receive texts: _____ ☐ OR _____ ☐

Email: _____

Are you willing to help coach the team? _____yes _____no

1st and 2nd grade basketball practice will be held on Saturday mornings in November and December. They will play at halftime of HPC varsity basketball home games in Polk on dates that will be determined. A schedule with specific dates and times will be provided to all players after sign up. Contact us at: stormyouthsports@gmail.com with any questions.

Registration Fee: \$10.00 Payable to- Storm Youth Sports

Check _____ Cash _____

T-shirt size: YS YM YL AS AM AL AXL Color: Red Blue White

Waiver of Liability:

I the undersigned, as legal guardian of a participant in the Storm Youth Sports program, hereby acknowledge the existence of and assume full responsibility for certain risks associated with this program which may cause damage to property or personal bodily injury or death to the participant and, furthermore, herewith agree to indemnify and hold forever harmless the Storm Youth Sports Program.

The Storm Youth Program has permission to use any photograph or video of my child in its promotional material. I have read the entry information provided and certify my compliance by my signature below.

Parent's Signature: _____ **Date:** _____

