

**WBA LADY KNICKS, INC.
2012 PLAYER REGISTRATION FORM**

ATHLETE'S INFORMATION

First _____ MI ____ Last _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Date of Birth _____ Email _____

School _____ Grade _____ Grad Year _____

Height _____ 2011 Uniform Number _____

Shirt Size (circle one) S M L XL Shorts Size (circle one) S M L XL

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Email _____ Home Phone _____

Cell Phone _____ Work Phone _____

Father's Name _____

Email _____ Home Phone _____

Cell Phone _____ Work Phone _____

EMERGENCY CONTACTS

Name _____ Phone _____

Name _____ Phone _____

MEDICAL INFORMATION

Insurance Carrier _____ ID # _____

Known Allergies _____

Other Medical Information _____

**\$85.00 Registration Fee payable to "WBA Lady Knicks"
Mailing Address: WBA Lady Knicks, PO Box 68, Scarsdale, NY 10583**



CODE OF CONDUCT FORM

Athlete's Name _____

As a member/participant of the WBA Lady Knicks, Inc., I understand that I am representing the organization whether at practice, games, road trips or as a spectator. I must maintain proper decorum and not engage in conduct detrimental to the WBA Lady Knicks, Inc. or myself.

1. The use of alcohol and/or illegal substances are strictly forbidden, and the use of such shall be grounds for a member to be immediately suspended for further review or dismissed from the organization.

2. Members are to arrive at practice/games on a timely basis and act in accordance with proper team behavior.

3. Members should understand that the purpose of the road trips is to enhance their improvement. Thus, conduct on the road, especially at hotels, should be exemplary. Proper rest is necessary to perform at optimal levels and thus members should be mature enough to be in their rooms at an appropriate time and not engage in any behavior detrimental to the organization (i.e. loud noise, running in the halls).

4. Both members and their parents should be supportive of all teammates and players in the organization whether they are on your team or not. Negative comments about players or coaches in the organization will not be tolerated.

5. Both members and their parents should maintain proper decorum during games. Behavior such as berating of referees, criticizing of opponent's players, or any loud or abusive behavior will not be tolerated.

ATHLETE'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____



LIABILITY WAIVER FORM

Athlete's Name _____

I, the undersigned Parent/Guardian of the above-named minor child, do hereby assume all risks and hazard incidental to such participation in basketball with the WBA Lady Knicks, Inc. including transportation to and from said activities and hereby waive, release, absolve, the organizers, sponsors, operators, supervisors, trainers, coaches, assistant coaches, coordinators, assistant coordinators, and other participants directly or indirectly involved in such activities from any claims arising out of injury to the athlete named here above.

Furthermore, the above named athlete and parents/guardians agree without recourse, that the regulations, By-laws and the Constitution of the WBA Lady Knicks, Inc. will be adhered to under any circumstances and further agree should expulsion be decided by the Board of Directors in a majority that they will have no rights to and refund of fees of identity.

SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN NAME (print) _____



PLAYER MEDICAL RELEASE FORM

Athlete's Name _____

I, the undersigned Parent/Guardian of the above-named minor child participating in the sport of basketball with the WBA Lady Knicks, Inc., hereby authorize an officer, coach or agent of the WBA Lady Knicks, Inc. to transport, as required, the above mentioned athlete for any medical attention.

I hereby give my consent for said athlete to receive any and all medical care necessary to be administrated as prescribed by a duly licensed doctor under whatever conditions are necessary to preserve the life, limb, or well being of said athlete.

ATHLETE'S INFORMATION

First _____ MI _____ Last _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____

Date of Birth _____ Email _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____

Email _____ Home Phone _____

Cell Phone _____ Work Phone _____

Father's Name _____

Email _____ Home Phone _____

Cell Phone _____ Work Phone _____

EMERGENCY CONTACTS

Name _____ Phone _____

Name _____ Phone _____

MEDICAL INFORMATION

Insurance Carrier _____ ID # _____

Known Allergies _____

Other Medical Information _____

SIGNATURE _____ Date _____

PARENT/GUARDIAN NAME (print) _____