KW YBA Novice Skills Registration Form – Advanced

Name:								
		Jersey size: YS			-			
Address:								
City:		Postal Code:						
Phone (day):	/): Phone (evening):							
Parents/Gua	rdians N	ames:						
Email addres	s:							
legal rights. If signed by a p	the parti arent/gua		years of a	age the f	ollowing	must be	filled in and	
(KW YBA). In program, I,	ipating ir conside	n this program org ration for the KW ` and and agree to	anized by YBA allow (p	the KW ing my c rint full n	Youth Ba	sketball rticipate	Association in this	
all such risk and injury to my child	hereby rel	program may involve lease the KW YBA an t result from his/her p sed solely by the negli	d its employ articipation	rees and a in the prog	gents from gram save a	all claims and excep	for damage or those	
That I will be set the KW YBA in volumeThat violation	vriting if I h of the KW	onsible for making an lave any concerns or YBA's Code of Cond at the KW YBA's disc	there needs uct by my ch	to be any	special ne	eds or arra	angements.	
By signing this conditions, re		acknowledge havi d waiver.	ing read, ι	understo	od and aç	greed to	the above	
Date:		Signature						