KW YBA Novice Skills Registration Form – Beginner

Name:		Do	DoB:/_ Year/month/day				
Male Female				-			
Address:							
City:		Postal Code:					
Phone (day):		Phone (evening):					
Parents/Guardians	Names:						
Email address:							
ATTENTION: Please legal rights. If the par signed by a parent/gu	e read the following verticipant is under 18		ully befo				
My child,	eration for the KW Y	anized by BA allowi (p	the KW ing my c rint full n	Youth Bahild to pa	sketball rticipate	Association in this	
1. That participating in thi all such risk and hereby rinjury to my child that migdamages and injuries cauagents. 2. That I will be solely resthe KW YBA in writing if I and I will the progrants the progrants the progran	release the KW YBA and the result from his/her particle as a solely by the negligon sponsible for making arrangements of the the result of the	d its employ articipation i gence of the angements here needs act by my ch	rees and a n the proge KW YBA for the pic to be any	agents from gram save a , its employ cking up of special ne	all claims and excep vees, volui my child a eds or arra	for damage or t those nteers or nd will advise angements.	
By signing this form, conditions, release a		ng read, u	ındersto	od and aç	greed to	the above	
Date:	Signature						