

CITY OF HERMOSA BEACH YOUTH BASKETBALL LEAGUE

PROUDLY SERVING: SOUTH BAY CITIES

COMMUNITY CENTER GYM

Post Office Box 115

Hermosa Beach, CA 90254

(310) 372-BALL

APPLICATION

THIS AREA MUST BE FILLED IN

Today's Date: ___/___/___ Player's Name: _____

Address: _____ City: _____ Zip: _____ Phone: (____) _____
First M.I. Last

Birthday: ___/___/___ Sex: M / F Age: _____ School: _____ Grade: _____

Years Experience: _____ Height: _____ Weight: _____ Days NOT Available: _____

<u>Youth Size:</u>	<u>Shorts</u>	<u>Shirt</u>
YS - Small	20-22 in. waist	24-26 in. chest
YM - Medium	22-24 in. waist	26-30 in. chest
YL - Large	24-27 in. waist	30-33 in. chest
<u>Adult Size:</u>		
AS - Small	28-30 in. waist	33-35 in. chest
AM - Medium	31-33 in. waist	36-39 in. chest
AL - Large	34-37 in. waist	40-44 in. chest
AXL- Extra Large	38 & up in. waist	45 & up in. chest

FOR LOOSE FIT ORDER ONE SIZE LARGER

UNIFORM SIZE

Shirt Size: youth adult
 small medium large X-large

Shorts Size: youth adult
 small medium large X-large

Father's Name: _____ Work Phone: (____) _____ Email _____

Mother's Name: _____ Work Phone: (____) _____ Email _____

Other Addresses: _____

Parent Volunteer Services: If you are interested in volunteering for one or more of these assignments, check the appropriate box(es). Coach Assistant Coach Other _____

Health Insurance Co.: _____ Policy #: _____

NOTICE

I consent to have my son or daughter, if injured during practice, game, or tournament activities, treated by our family physician: **IF OUR DOCTOR IS NOT AVAILABLE, I CONSENT AND AUTHORIZE ANY MEDICAL TREATMENT NECESSARY BY A DOCTOR SELECTED BY THE LEAGUE, AND PERFORMED AT AN EMERGENCY MEDICAL FACILITY OR HOSPITAL OR AT SUCH LOCATION AS DEEMED APPROPRIATE BY THE ATTENDING DOCTOR OR EMERGENCY MEDICAL STAFF.**

Family Physician Name Address: Street City Zip Code Telephone

I hereby give approval for my son or daughter to participate in the HERMOSA BEACH YOUTH BASKETBALL LEAGUE. I assume all risks and hazards incidental to such participation including transportation to and from such activities: and I hereby do waive, release, hold harmless and agree to indemnify the City of Hermosa Beach, the Hermosa Beach Youth Basketball League, its officers, employees and agents, coaches, athletic staff, supervisors, referees, officials of the League, and participants, from any Claim or action arising out of injury sustained in connection with participation in this LEAGUE and its related activities and tournaments by my son or daughter. I have provided medical insurance coverage for such injury or claim.

SIGNATURE of PARENT OR GUARDIAN DATE

Request Scholarship Explain: _____

NO REFUNDS AFTER TRY-OUTS