



# BASKETBULL DEVELOPMENT LEAGUE

## 2009 FALL INSTRUCTION AND GAMES

Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Height: \_\_\_\_\_ Position: \_\_\_\_\_ Jersey Size: XS S M L XL

Comments: \_\_\_\_\_

**WAIVER OF LIABILITY and CONSENT TO EMERGENCY TREATMENT:** I, parent or guardian of the above named individual, hereby give permission for my child to participate in all activities involved with this program, and hereby release BasketBull, Cathedral HS, BasketBull staff, and proprietors from any liability or responsibility from any injury or illness or loss, damage to, or theft of property that may occur during participation in this program or while on the premises. In addition, I am aware of the inherent risks involved with the physical nature of this program, and hereby attest that my child has been deemed by a physician to be in suitable physical and medical condition for participation in rigorous physical activity. Further, if I am unable to be reached in the event that my child should require emergency medical treatment or care, I authorize the BasketBull staff and or a representatives to seek appropriate medical treatment or care for my child on my behalf.

\_\_\_\_\_  
PRINTED NAME OF PARENT OR GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

**PAYMENT METHOD:** CASH CHECK CREDIT CARD

Card No. \_\_\_\_\_

**Made payable: BasketBull, LLC**

Fee: \$125.00 Team (3 or more): \$100

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_

BOTH: Showcase and League: \$175

*Refunds will be granted if prior to 7 days before league begins. All other refunds will be granted on a case by case basis.*

### Internal Use ONLY

Team: \_\_\_\_\_ Division: \_\_\_\_\_ Coach: \_\_\_\_\_

Comments: \_\_\_\_\_

### Return Registration to:

BasketBull, LLC  
1350 Main Street  
Suite 1507  
Springfield, Ma. 01103