



TIMBERHILL BASKETBALL ACADEMY

KIDS BASKETBALL LEAGUE REGISTRATION FORM

Winter 2019

Please print clearly. Parents may only register their own children. Please complete a separate form for each child. – Thank you

PARENT/ GUARDIAN FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____
Street City State zip

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

PLAYER INFORMATION

First Name	Last Name	Birth Date	Age	M/F

Please check the spot that best describes your child's basketball skill level:

On a 1-10 Scale (1 being a beginner) what level would you say your child's basketball level is compared to children his/her own age: _____

SCHOOL: _____

Please mark the appropriate grade: K: _____ 1st: _____ 2nd: _____ 3rd: _____ 4th: _____ 5th: _____

PREFERRED PRACTICE DAYS: I must have M/W _____ I must have T/TH _____ Either is Fine _____
 (We will try but we can't guarantee requests)

Please Check desired uniform size:

____ YOUTH SMALL ____ YOUTH MED ____ YOUTH LARGE ____ ADULT SMALL ____ ADULT MEDIUM ____ ADULT LARGE

- Please Check the appropriate circle: **TIMERHILL MEMBER** **NON TIMERHILL MEMBER**

	MEMBER	NONMEMBER	TOTAL
Pre-K Skills 3-5 year olds (Wednesdays 1:00 PM – 1:45 PM) * 7 Classes	\$80	\$100	
Kindergarten League (1 Practice & 1 game a week) * 8 weeks	\$100	\$140	
1 st Grade League (1 Practice & 1 game a week) * 8 Weeks	\$100	\$140	
2 nd Grade League (1 Practice & 1 game a week) * 9 weeks	\$100	\$140	
3 rd Grade League (1 Practices & 1 game a week) *9 weeks	\$100	\$140	
4 th Grade League (2 Practices & 1 game a week) * 9 weeks	\$110	\$150	
5 th Grade League (2 Practices & 1 game a week) * 9 weeks	\$110	\$150	
TOTAL			

Please Sign Acknowledge of Risks, Liability Release, Indemnification Agreement and Refund Policy
 We can not process your registration without your signature. – Thank You

WAIVER FORM ON BACK



- VOLUNTEER COACHES NEEDED

Are you interested in coaching Kids league this year? YES NO If yes, please complete information below

Coach's Name	Age Level / Division	Home Phone	Cell Phone

Timberhill Athletic Club 2855 NW 29th st. Corvallis OR (541) 757-8559 / FAX: (541) 758-0006 Timberhill6@comcast.net

Timberhill Athletic Club Kids Basketball Waiver Form

CHILD'S NAME _____ PARENT'S NAME: _____

By signing this release and indemnity agreement, we the parent(s), natural guardian(s), and/or legal guardian(s) of the minor named below, herewith knowingly and intentionally consent and authorize the minor named below to participate and engage in the basketball program within Timberhill Athletic Club

We fully understand the risks involving personal injury which may arise during the course of the basketball program, and voluntarily assume said risks and further agree on our own behalf and on behalf of the minor named below to release, indemnify and hold harmless Timberhill Athletic Club, Club members, coaches, any referee or scorekeeper, and assignees from any and all liability, the minor named below may sustain while participating in any sports activity—game, practice or otherwise.

Also, in consideration of the use of certain facilities, we agree to release, indemnify and hold harmless Timberhill Athletic Club, its Board of Directors, coaches, and assignees do herewith disclaim any and all liability for any injuries which may occur.

We also agree that Timberhill Athletic Club has the right to use any images of the minor named below in an Timberhill uniform on their website.

I have read, fully understand and agree to the terms of the Acknowledgement of Risks, Liability Release, Agreement and Refund Policy.

Parent's / Legal Guardian Signature Required

Date

