



# NORTH COUNTY

## BASKETBALL

Fall 2015 REGISTRATION FORM  
[www.NorthCountyBasketball.org](http://www.NorthCountyBasketball.org)



[PLEASE PRINT]

**Basketball Clinic Fee: \$125.00**  [before 8-20-15]  
**Clinic Fee: \$135.00**  [from 8-21 thru 9-12-15]  
**CLINIC REGISTRATION CLOSING ON 8-23-15 ONLINE**  
Ages 4 thru 6 --- COED

**Basketball Division 4 Fee: \$125.00**  [before 8-20-15]  
**Registration Fee: \$135.00**  [from 8-21 thru 9-12-15]  
**DIVISIONAL REGISTRATION CLOSING ON 8-23-15 ONLINE**  
Ages 7-10 COED .....Ages 11-14 COED

**WAIT LIST: Players will be added to the Wait List starting 8-23-15**

**PRIMARY CONTACT:** [adult responsible for registering participant]:

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail for future notifications**  
(MUST PROVIDE FOR ONLINE REGISTRATON):  
\_\_\_\_\_

**Cell Phone:** ( \_\_\_ ) \_\_\_\_\_

**Home Phone:** ( \_\_\_ ) \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_:

**Jersey Size** (please circle your choice):  
YXS YS YM YL YXL AS AM AL AXL

**Short Size** (please circle your choice):  
YXS YS YM YL YXL AS AM AL AXL

**Birth date:** \_\_\_\_\_

**PAYMENT:** [Check or Money Order make payable to: [North County Basketball](http://NorthCountyBasketball.org)]

Cash \$ \_\_\_\_\_ Money Order: \$ \_\_\_\_\_  
Check # \_\_\_\_\_ [amount \$ \_\_\_\_\_]

Credit Card Payments ONLINE: [www.NorthCountyBasketball.org](http://www.NorthCountyBasketball.org)

### IN CASE OF AN EMERGENCY:

Name of local friend or relative (not living at same address):

Relationship to participant:

Home phone:

Work or Cell phone:

\_\_\_\_\_

\_\_\_\_\_

( \_\_\_ ) \_\_\_\_\_

( \_\_\_ ) \_\_\_\_\_

**VOLUNTEERS NEEDED:** Would you like to volunteer as a: COACH  ASST. COACH  TEAM PARENT

**MAIL REGISTRATION FORM TO:** [Online registration is preferred]

North County Basketball, P.O. Box 41, Yorba Linda, CA 92885

I hereby agree and consent to my child's participation in NCB & assume all risks & hazards associated in an active sport as basketball. I hereby release, absolve, indemnify & hold harmless NCB, a California non-profit corporation, its officers, directors, employees, agent, their sponsors, organizers and volunteers of any and all liability or damage, injury or expense of any kind arising from or connected with my child's participation in the NCB league. I further understand that in the case of a medical emergency, my own personal medical plan will be used prior to the insurance provided through the NCB league.

I give permission for NCB to take photographs, video recordings and/or sound recordings of my child as they may be used for educational & promotional purposes in manuals, on flyers, on the NCB website or other publications or media announcements, unless I have notified the league in writing.

(Parent or guardian must sign for participants under 18 years of age)  \_\_\_\_\_

*This program is not affiliated with this school or school district. The school district does not endorse or sponsor this activity.*

[A DBA OF NORTH COUNTY SPORTS ASSOCIATION, INC.]