

HAZEN 5TH & 6TH GRADE GIRLS BASKETBALL REGISTRATION

Name _____ Phone # _____

Email _____

Address _____ City _____ Zip _____

Birthdate _____ Age _____ Grade _____

REGISTRATION FEE: \$40.00

Please make checks out to: 5th & 6th Grade Basketball

WAIVER FORM

We, the parents or guardians of the above mentioned child and in consideration of the special benefits of the Youth Basketball program being sponsored by the Hazen 5th & 6th Grade Basketball Organization, hereby permit the above mentioned child to participate in the Youth Basketball Program. We hereby release and discharge the Hazen 5th & 6th Grade Basketball Organization and each and all of their agents or employees from any liability whatever to the undersigned resulting from or in any manner arising out of injury or damage that may be sustained by the child on account of participation in Youth Basketball.

Signed _____ Date _____

Parent or Guardian

TURN IN PAYMENT AND SIGNED FORM AT FIRST PRACTICE

Contact Tascha McConnell at (701) 870-1592 for more information
or any questions.



