



GREATER EAST AUSTIN YOUTH ASSOCIATION
"Youth Is Our Business"

Basketball Registration & Waiver 2007-2008

PLAYER INFORMATION

NAME _____ PHONE _____

ADDRESS _____

BIRTHDAY _____ AGE AS OF 8-1-2007 _____ SEX _____

CONTACT INFORMATION

MOTHERS NAME _____ PHONE (H) _____ (W) _____

ADDRESS _____

WOULD YOU LIKE TO VOLUNTEER?

(Check one or more Sponsor ___ Coach ___ Team Parent ___ Concession ___)

FATHERS NAME _____ PHONE (H) _____ (W) _____

ADDRESS _____

WOULD YOU LIKE TO VOLUNTEER?

(Check one or more Sponsor ___ Coach ___ Team Parent ___ Concession ___)

WAIVER INFORMATION

I/WE PARENTS OR GUARDIANS OF THE ABOVE NAMED GIVE MY/OUR APPROVAL AND WILL PROVIDE TRANSPORTATION TO AND FROM ALL THE ACTIVITIES.

I/WE KNOW THAT BASKETBALL MAY RESULT IN INJURIES. PROTECTIVE EQUIPMENT DOES NOT PREVENT ALL INJURIES AND I/WE WAIVER, RELEASE AND AGREE NOT TO HOLD G.E.A.Y.A., IT'S SPONSORS OFFICALS, ORGANIZERS, PARTICIPANTS AND PERSONS TRANSPORTING MY/OUR CHILD/CHILDREN TO AND FROM ACTIVITIES LIABLE FOR INJURIES THAT MAY OCCUR DURING PARTICIPATION.

I/WE AGREE TO RETURN UPON COMPLETION OF THE SEASON, OUR CHILD/CHILDRENS DEPARTURE FROM THE TEAM ALL UNIFORMS/EQUIPMENTS ISSUED IN AS GOOD OF CONDITION AS WHEN RECEIVED EXCEPT FROM NORMAL WEAR AND TEAR TO G.E.A.Y.A.

Parents and/or Guardians Signatures

1. _____ Date _____

2. _____ Date _____