

West Perry Youth Basketball

2016/2017 Medical Release/Permission Form

Childs Name: _____ Boy or Girl Grade: _____

Which school does your child attend? _____

Will practice at (circle one) NBE or Carroll

T-Shirt Size (circle one): Youth: (MEDIUM) (LARGE) Adult: (SMALL) (MEDIUM) (LARGE) (XL)

Parent(s)/Guardian(s) Name(s) _____

Street Address: _____

Town, State, Zip: _____

Telephone #: (H) _____ (C) _____

Email: _____

Please note the best way to contact you _____

The West Perry School District, West Perry Youth Basketball Association and the coaches are released from any and all liabilities from injuries during or traveling to practices or games.

I _____ acknowledge the above statement/release and hereby release the named organization/individuals above from any/all liabilities.

Signature of Parent or Legal Guardian _____ Date: _____

Please mail this form to with payment to: (\$15 for 1 child, \$10 for each additional child living in the same household) **Make payment to WPYBA**

Julie Beddia

1351 Clouser Hollow RD

New Bloomfield, PA 17068

Please contact me if you have any questions

Email – jbeddia21@gmail.com

Phone – 395-4279

Registration Form needs to be returned to me by November 12th

CASH/amount PD _____
CHECK # /amount PD _____