

APPLICATION TO PLAY WITH BEAUMONT LITTLE DRIBBLERS BASKETBALL ASSOCIATION, INC.

Player Information (Please Print)	
Player's Name: _____ <small>(Last) (First)</small>	
Address: _____	
City: _____	Zip: _____
Phone: _____	Birth Date: _____
Sex: M F (circle one) League: Girls Mixed (circle one)	
Height: _____ Experience: _____ Yrs.	
School: _____ <small>(List the school where this child is currently enrolled)</small>	

Father	Mother
Name: _____	_____
Home Phone: _____	_____
Bus Phone: _____	_____
Cell Phone: _____	_____
Email: _____	_____

Brothers/Sisters Playing	
Name: _____ Age _____	Name: _____ Age _____
Name: _____ Age _____	Name: _____ Age _____

Child's Medical Problems/Medications, and/or Comments

Uniform Size		To be completed by BLDB	
Shirt	Shorts	League: _____	Reg#: _____
YS	YS	Age as of Aug 1	Birth Cert
YM	YM	of this year: _____	Checked: _____
YL	YL		
AS	AS	Fee: _____	
AM	AM	Donation: _____	
AL	AL		
AXL	AXL		
Y=Youth	A=Adult		Total

I Want To Volunteer You must check at least one	
<input type="checkbox"/>	Head Coach of my child's team (I agree to background check by BLDB)
<input type="checkbox"/>	Score/time keeper
<input type="checkbox"/>	Gym Monitor
<input type="checkbox"/>	I am sorry but I cannot volunteer for any of the above. <small>I realize this means my child might be on a waiting list as first preference is given to children whose parent/guardian can help.</small>
<input type="checkbox"/>	Player Agent
<input type="checkbox"/>	Assist Board Of Directors

Donations	
<input type="checkbox"/>	\$100 General Sponsor
<input type="checkbox"/>	\$250 League Sponsor
<input type="checkbox"/>	\$200 Web Site Sponsor <small>Your company logo and link on our site</small>
<input type="checkbox"/>	Other Amount \$ _____

Please Read and Sign
<p>I/We, the parents/guardians of the above named player hereby give my/our approval to participate in any and all Beaumont Little Dribblers Basketball Association, Inc. (BLDB) activities, including transportation to and from the activities. I/we, know that participation in basketball may result in serious injuries, and do hereby waive, release, absolve, indemnify, and agree to hold harmless BLDB, the board of directors, organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities, for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause.</p> <p>I/we agree to provide proof of legal age. I/we understand that our child must be eligible under the residence and age regulations of Little Dribblers Inc. to participate in BLDB. I/we understand that a false statement regarding residency or age may lead to ineligibility to play BLDB basketball.</p>
<p>X _____ SIGNATURE DATE</p>