

FOR LEAGUE USE ONLY – DO NOT FILL IN THIS PORTION OF THE FORM



DIVISION: Shooting Stars Player No. \_\_\_\_\_ Date Rec'd: \_\_\_\_\_

Payment: Cash Paid \_\_\_\_\_ or Check Amnt. & Number \_\_\_\_\_

SAN MARCOS YOUTH BASKETBALL ~ 733 Via Cafetal ~ San Marcos, CA 92069 ~ (760) 504-7242 ~ www.smybbshootingstars.com

## Shooting Stars Basketball Registration

REGISTRATION INFORMATION – Please type or print clearly.

### PLAYER INFORMATION

|   |                              |                             |                             |                               |                                 |                             |                             |                              |                               |                               |
|---|------------------------------|-----------------------------|-----------------------------|-------------------------------|---------------------------------|-----------------------------|-----------------------------|------------------------------|-------------------------------|-------------------------------|
| First Name:   |                              |                             |                             | Last Name:                    |                                 |                             |                             |                              |                               |                               |
| Street:   |                              |                             |                             |                               |                                 |                             |                             |                              |                               |                               |
| City:   |                              |                             |                             | Zip Code:                     |                                 |                             |                             |                              |                               |                               |
| Phone:  |                              |                             |                             | Date of Birth:                |                                 |                             |                             |                              |                               |                               |
| School child attends:   |                              |                             |                             | Grade:                        |                                 |                             |                             |                              |                               |                               |
|   |                              |                             |                             | <input type="checkbox"/> Male | <input type="checkbox"/> Female |                             |                             |                              |                               |                               |
| Program Qualification Criteria<br>–Medical Condition (used for grant & statistical purposes): |                              |                             |                             |                               |                                 |                             |                             |                              |                               |                               |
| Uniform Shirt Size:   | <input type="checkbox"/> YXS | <input type="checkbox"/> YS | <input type="checkbox"/> YM | <input type="checkbox"/> YL   | <input type="checkbox"/> AS     | <input type="checkbox"/> AM | <input type="checkbox"/> AL | <input type="checkbox"/> AXL | <input type="checkbox"/> A2XL | <input type="checkbox"/> A3XL |
| Uniform Shorts Size:  | <input type="checkbox"/> YXS | <input type="checkbox"/> YS | <input type="checkbox"/> YM | <input type="checkbox"/> YL   | <input type="checkbox"/> AS     | <input type="checkbox"/> AM | <input type="checkbox"/> AL | <input type="checkbox"/> AXL | <input type="checkbox"/> A2XL | <input type="checkbox"/> A3XL |

**UNIFORM INFORMATION** – You will receive the **exact** uniform you select. Please use the samples provided. Cost for changes after the initial order will be incurred by the parent or guardian.

### PARENT CONTACT INFORMATION (IF UNDER 18)

|                 |  |  |
|-----------------|--|--|
| Mother's Name:  |  |  |
| Mother's Cell:  |  |  |
| Mother's Email: |  |  |
|                 |  |  |
| Father's Name:  |  |  |
| Father's Cell:  |  |  |
| Father's Email: |  |  |

### RELEASE INFORMATION

I, the undersigned, on behalf of myself and the child I am hereby registering, are aware of and understand the danger inherent in basketball. Risks include but are not limited to injury due to falls, collision or illness. I voluntarily release and hold harmless the San Marcos Youth Basketball league, the City of San Marcos, and volunteers from and against any liability. I understand this waiver is binding upon the participant's heirs and dependents as well as myself. In the absence of a parent/guardian, I give permission to the coach/league officials to seek emergency medical treatment for this child.

\_\_\_\_\_  
 Parent/Guardian Signature Print Name Date

### EMERGENCY CONTACT INFORMATION (IF NOT PARENT)

|        |  |  |
|--------|--|--|
| Name:  |  |  |
| Phone: |  |  |

## MEDIA WAIVER

Your child's name and picture may be used on the SMYBB website for informational and promotional purposes and may be used in other forms of print or recorded media for official SMYBB use. The SMYBB Internet site also provides roster information, game schedules and practice schedules, which could be used to identify your child by their roster number and team name or photo. However, no information will be published that would not be available to the general public through attendance at public SMYBB events. Only pictures taken during SMYBB events will be posted on the Internet, and used in other forms of SMYBB media. In no case will a child or parent or guardian addresses, telephone numbers, school information or email addresses be identified on the SMYBB site or this other media.

The parent or guardian signing below does hereby give permission to SMYBB to use, distribute or publish photographs, videos, images or other recordings, in all forms, including composite or distorted presentations, for the purpose of official SMYBB advertising, or league promotion, in all media including print, video, and the Internet and/or applying for funds to support these purposes and activities. The parent or guardian hereby grants SMYBB a nonexclusive license to all rights in and to the photographs, videos, images, or other recordings, including copyright interest and moral rights, to such photographs, videos, images or other recordings and derivative works thereof for SMYBB's use, distribution and publication of these recordings in all forms, including composite or distorted presentations, for advertising, print, video, and the Internet.

Child's Name: \_\_\_\_\_

- Yes, I do authorize SMYBB to use my child's name, picture or roster information for promotional purposes on its public website.
- Yes, I do authorize SMYBB to use my child's name ONLY to post roster information on its public website
- No, I do not authorize SMYBB to use my child's name, picture or roster information for promotional purposes on its public website. Although I understand that some photos from public events may be used in other forms of media as described above

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_