

Vipers Basketball League

Ages - 7 - 14 / Boys and Girls



**** Registration deadline *DEC 15th 2016*
League begins *January 8th 2017*

Practice times and locations will be determined by the coaches. Games will be played on *Sundays*
during January and early February at *Simi Valley Adventist School 1636 Sinaloa rd Simi 93065*

The registration fee is **\$110 / 2nd player \$90**

Send completed form & fees to: *Simi Valley Vipers 3453 Green Pine Place Simi Valley, CA 93065*

Name _____ Grade / *Age* **M** **F**
Parent's _____ Phone _____
Address _____ Email _____
Doctor name/address/phone number _____
Emergency Contact & phone number _____
Size (circle one) **YS** **YM** **YL** **AS** **AM** **AL**

PLEASE CIRCLE IF YOU WOULD LIKE TO VOLUNTEER WITH THE FOLLOWING:

HEAD COACH

ASSISTANT COACH

VOLUNTEER

PLEASE READ CAREFULLY & SIGN:

_____ has my permission to participate in the *Vipers Basketball League* sports program. I certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. In the event of an injury to my child, I hereby give the *Vipers Basketball League* permission to *arrange transportation* for my child to a medical facility, and/or to provide my child with emergency treatment or first aid. I give permission for my child to be treated by a licensed physician and for the said physician to administer whatever care is necessary, including anesthesia for their safety & care. The child's family will be responsible for all of the associated medical expenses. I waive & release any right & claims I may have against the *Vipers Basketball League* & all members of the sports programs for any & all damages which my be suffered by my child in connection with his/her associations with the program. I accept responsibility for returning any and all equipment used by my child to the *Vipers Basketball League* or agree to replace it. As my child is a participant of the program it makes me a non-voting member of the board & as such I may be asked asked to volunteer for certain duties including but not limited to fundraising, coach or field prep.

Signature of Parent/Guardian

Date

Please make checks payable to - Simi Valley Vipers

Send payments and form to -

*Rick Allard 4212 E. Los Angeles Ave
Simi Valley, CA 93065 UNIT 4123*