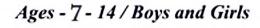
## Vipers Basketball League





\*\*\*\* 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

Address  Doctor name/address/phone number  Emergency Contact & phone number	PhoneEmail
Doctor name/address/phone number  Emergency Contact & phone number	Email
Emergency Contact & phone number	
Size (circle one) YS YM YL AS AM AL	
PLEASE CIRCLE IF YOU WOULD LIKE TO VOL	LUNTEER WITH THE FOLLOWING:
HEAD COACH ASSISTANT COACH	VOLUNTEER
isks of injury inherent in the practice and play of this sport, as well as in tra- hild's participation, and I am willing to assume these risks on behalf of my of give the Vipers Basketball League permission to arrange transportation provide my child with emergency treatment or first aid. I give permission for and for the said physician to administer whatever care is necessary, including the child's family will be responsible for all of the associated medical expen- have against the Vipers Basketball League & all members of the sports suffered by my child in connection with his/her associations with the progra- accept responsibility for returning any and all equipment used by my child eplace it. As my child is a participant of the program it makes me a non-vo-	child. In the event of an injury to my child, I herely for my child to a medical facility, and/or to for my child to be treated by a licensed physician ing anesthesia for their safety & care. Uses. I waive & release any right & claims I may be programs for any & all damages which my be am.  Ito the "Vipers Baskethall League" or agree to otting member of the board & as such I may be asket.
isked to volunteer for certain duties including by not limited to fundraising, ignature of Parent/Guardian  Please make checks payable to - Simi Valley Vipers	, coach or field prep.  Date

Please make checks payable to - Simi Valley Viper. Send payments and form to -Rick Allard 4212 E. Los Angeles Ave Simi Valley, CA 93065 UNIT 4123