

# BSM YOUTH ASSOCIATION PLAYER SIGNUP

CIRCLE ONE: BASKETBALL BASEBALL SOFTBALL SOCCER

## PLAYER INFORMATION

Were you on a BSM team last year? \_\_\_ Yes \_\_\_ No Current Age \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian names \_\_\_\_\_

# 1 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

# 2 Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

Individual to contact if parent/guardian cannot be reached:  
\_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## CIRCLE ONE SHIRT SIZE AND ONE HAT SIZE AND ONE PANT/SHORT SIZE

*NOT APPLICABLE TO ALL SPORTS*

**Shirt size:** Adult XL Adult L Adult M Adult S Youth L Youth M Youth S

**Hat size:** Adult M – XL Adult S – M Youth

**Pant/Short Size:** Adult XL Adult L Adult M Adult S Youth L Youth M Youth S

Parent interested in being a \_\_\_ **Coach** \_\_\_ Assistant Coach \_\_\_ Neither

Name of Parent/Guardian interested in coaching: \_\_\_\_\_

## WAIVER AND EMERGENCY MEDICAL TREATMENT

I hereby certify that my child is in normal health and capable of safe participation in BSM Youth Association programs. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. In the event that I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the transportation of my child to the nearest medical facility for treatment deemed necessary. I hereby, for myself, my heirs, executors and administrator, waive and release any and all rights and claims I may have against the BSM Youth Association and their respective representative(s) for any and all injuries, damages or losses which maybe suffered in connection with any participation in this program.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date