



2012 Registration Form

For information, email register@scSWISH.org or leave a message at (831) 440-7401

Registration Fee: \$140 per player (*\$112 for each additional sibling*)
Grades: 3rd-12th divided into 4 Divisions. **Teams:** 4 Teams per Division & 10 players per Team
 Players will be placed on teams by the coaches committee.

PLAYER: First Name: _____ Last Name: _____ Date of Birth (mm/dd/yy): _____

Home Address: _____ City: _____ Zip: _____

School Attending: _____ Current Grade: _____ Height: (inches) _____

Has the player played organized basketball? Y/N ____ If yes, where: _____ How many seasons? _____

Is the player planning to try out for an Amateur Athletic Union (AAU) team this season? Y/N ____

CONTACT PERSON: Name: _____ Phone: _____

Relationship to Player: _____ Email: _____

Emergency Information: *Please list in order, three people to contact in case of emergency, plus the player's doctor. Under "Relationship" please state relationship to player, e.g. "Mother", "Guardian", "Family Friend". After phone please indicate if home (H), work (W) or cell(C)*

| Name | Relationship | Phone 1 | Phone 2 |
|------|---------------|---------|---------|
| | | | |
| | | | |
| | <i>Doctor</i> | | --- |

Waiver of Claims and Release from Liability:

- I/We, the parent(s) or guardian(s) of the above named child, who is a candidate for position on a SWISH basketball team, hereby give my/our approval to her participation in any and all activities of SWISH during the current season.
- I/We assume responsibility for all risk and hazards incidental to the conduct of the activities and transportation to and from the activities.
- I/We do further hereby release, absolve, indemnify and hold harmless SWISH, its Officers, the organizers, sponsors, and supervisors, any or all of them, for any and all claims by, for, or on behalf of the Registrant as a result of the Registrants participation in SWISH.
- In case of injury to my/our child, I/We hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them.
- I/We likewise release from responsibility any person transporting my/our child to or from the activities.
- In case of emergency due to serious illness or injury when I/We cannot be contacted, I/We give permission to SWISH officials to authorize emergency medical attention for my/our child.

Parent/Guardian's Name: _____ **Signature(s)** _____ **Date** _____

Would you like to sponsor a team for a tax deductible fee of \$300 or \$500? ___yes ___no

Would you like to volunteer to be a SWISH Board Member? ___yes ___no

In an effort to promote SWISH, Photos and Video may be taken throughout the season. If you would prefer **not** to have the player shown in any promotional material, please check here _____

Financial Aid: If you cannot afford to pay the full amount, and would like to request a partial or full scholarship, please check here. _____
Please write a sentence overleaf describing your request, and let us know how much you can pay towards the fee.

Please make check payable to SWISH, and note player's name and grade on it.

Check No. _____ **Amount: \$** _____

Mail Registration Form and payment to the address below by February 15th.