



West Chester Junior Basketball

Registration Form

Participant Name	Grade(s)	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
Address		Total
_____		_____

Phone Number		
() _____ - _____		
Parent Name(s)		Email <i>*must be provided to receive updates*</i>
_____		_____

NOTE: Because of our approach to balancing the teams, we are unable to accommodate requests for playing with friends, carpooling, etc. However, we will place siblings who are in the same age group on the same team.

Volunteer Preference	Comments
Coach <input type="checkbox"/> Assistant <input type="checkbox"/>	
Sponsor <input type="checkbox"/> Other <input type="checkbox"/>	

Waiver of Liability

Parents must acknowledge that the West Chester Junior Basketball (WCJB) organization, its directors, coaches and referees, are not responsible for any physical injury resulting from any League sanctioned game, clinic or practice. Furthermore, it is the responsibility of each parent to maintain medical insurance coverage for his or her child. Parents hereby agree to waive and hold harmless WCJB from any damages resulting in any injury that may occur during a League sanctioned game or related activity.

Signature _____

Registration Fees:

\$140

Make Checks Payable to: West Chester Junior Basketball

Mail Completed form to:
P.O. Box 2001
West Chester, PA 19380