

Rigby Youth Basketball Registration

Check # _____
Amount \$ _____
Cash \$ _____

Player Name: _____
Address: _____
Phone #: _____
E-Mail: _____

What age will player be on Jan 1? _____
Boy _____ Girl _____

What grade is player in? _____

What school does player attend? _____

What is your child's ability level, please circle one **1 (never played)** **2 (some exposure)** **3 (experienced)**

Games will start Jan 7th

Registration fee of \$35 does not include a jersey. If you do not have a jersey, you can purchase one at Country Cottons, 159 E Main, in Rigby. Open M-Th 8-5:30, Friday 8-5. Closed Sat and Dec 23-Jan2.

Payment is due with registration. **Late fee of \$10 after Nov 30.** There is no discount for multiple children.

All participants must furnish their own insurance.

Checks can be made out to **Rigby Youth Basketball.**

Registration forms can be mailed to: **Rigby Youth Basketball PO BOX 759 Rigby, ID 83442**

COACHES

We are always looking for coaches. Please consider coaching. We have a one hour practice time reserved at the schools, once a week, for each team. We need your help to make this year successful. Thank you!

Will you be willing to coach? Yes / No Assistant Coach? Yes / No

Name: _____ Phone: _____

Age Division _____

Waiver:

I, the guardian/parent of (child/participants name) _____ am signing my child up to play basketball in the Rigby Youth Basketball League. I understand there will be some physical risk in my child participating in this sport and that **I AM PERSONALLY RESPONSIBLE FOR ANY INJURY** my child might sustain, whether it be during practice or during a game and that I will not hold Rigby Youth Basketball or Jefferson School District 251 responsible for any injuries that may occur.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Comments/Suggestions: