



INTERIOR YOUTH BASKETBALL

P.O. Box 74317 • Fairbanks, Alaska 99707

(907) 457-4492 • iyb@gci.net

#
Cash/Ck#: _____
CC (last 4#): _____
\$

PLAYER REGISTRATION

PLAYER

Name _____	Boy _____ Girl _____		
Address _____	School _____ Grade _____		
City _____ State _____ Zip _____	Birth Date _____		
Home Ph. _____	<table border="1"> <tr> <td>Height</td> </tr> <tr> <td>_____ ft _____ in</td> </tr> </table>	Height	_____ ft _____ in
Height			
_____ ft _____ in			
<table border="1"> <tr> <td> Little Dribblers Minor Major Junior Senior K-1st / 2nd 3rd-4th 5th-6th 7th-8th 9th-12th </td> </tr> </table>	Little Dribblers Minor Major Junior Senior K-1st / 2nd 3rd-4th 5th-6th 7th-8th 9th-12th	<table border="1"> <tr> <td> Recreational or Advanced </td> </tr> </table>	Recreational or Advanced
Little Dribblers Minor Major Junior Senior K-1st / 2nd 3rd-4th 5th-6th 7th-8th 9th-12th			
Recreational or Advanced			
Experience - Organized Play: Kind of Program School IYB Other JV or Varsity Number of Seasons _____ _____ _____ _____ Other siblings playing in same season _____	<table border="1"> <tr> <td> (Team Preference) North Pole _____ Fairbanks _____ </td> </tr> </table>	(Team Preference) North Pole _____ Fairbanks _____	
(Team Preference) North Pole _____ Fairbanks _____			
_____ <i>Name</i>	_____ <i>Division</i>		
_____ <i>Gender</i>			

PARENT/GUARDIAN 1

Name _____

Address _____

City _____ State _____ Zip _____

Home Ph. _____

Cell Ph. _____ Txt Msgs? Y N

If Yes on txt msgs, Cell Carrier _____

Email _____
IYB Username

Relationship to Player _____

PARENT/GUARDIAN 2

Name _____

Address _____

City _____ State _____ Zip _____

Home Ph. _____

Cell Ph. _____ Txt Msgs? Y N

If Yes on txt msgs, Cell Carrier _____

Email _____
IYB Username

Relationship to Player _____

Parent will coach? _____ Sponsor? _____

Emergency Contact (someone other than yourself)

Name _____ Day Ph. _____

Eve. Ph. _____ Relationship to Player _____

PARENT/GUARDIAN PERMISSION TO PARTICIPATE & MEDICAL CONSENT

I/We the parents or guardians of _____ (child's name), hereby give my/our approval for him/her to participate in any and all Interior Youth Basketball activities, I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless, the local Interior Youth Basketball League, Interior Youth Basketball Inc., the organizers, sponsors, supervisors, participants and persons transporting my/our child to or from activities, for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by provided accident or liability insurance. I hereby give my consent, in the event of injury or illness, for emergency medical treatment as may be necessary for the welfare of the above named youth, by a physician, qualified nurse, certified athletic-trainer, and/or hospital during all periods of time in which the youth is away from his/her legal residence as a member of a recognize Interior Youth Basketball activity team or group. Further, I/We hereby waive, on behalf of myself and the above named youth, any liability of Interior Youth Basketball, its agents or board members, arising out of such medical treatment.

PARENT/GUARDIAN & YOUTH RISK AWARENESS

I/We understand and acknowledge that organized athletics involve the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

We the undersigned, acknowledge that we have read and understand all aspects of this form and grant permission and consent as required. We the undersigned, agree to abide by good sportsmanship and all IYB rules.

PHOTO/VIDEO RELEASE: Please select YES if you do not mind photos/videos of your child, yourself/family members being used for promotional purposes (i.e. IYB website, Facebook, newspaper, television, or other social media.) **Photo/Video Release Authorization: YES NO**

Parent/Guardian Signature _____	Printed Name _____	Date _____
Youth Signature _____	Printed Name _____	Date _____