



West Chester Junior Basketball Registration Form

Participant Name

Grade(s):

Fee:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Address:

Total:

_____	_____
_____	_____

Phone Number:

(____) _____ - _____

Parent Name(s):

E-Mail **MUST PROVIDE TO RECEIVE UPDATES**

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

Volunteer Preference:

Comment:

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:

\$ 95.00 for first child \$85.00 for siblings

Make Checks Payable to: West Chester Junior Basketball

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