## Tiger Sharks Youth Basketball- 3<sup>rd</sup> -8<sup>th</sup> grade

Child's Name:		Date of Birth:		
Present Age:		Grade:	Team: BOYS / GIRLS	
Health Concerns:				
Parent/Guardian Name(s):				
Address:				
Phone:	E	mail:		
I give permission for the above-na from said activities. All participan				
I understand that injuries, along w protective equipment does not pre and agree to hold harmless the org from any claim arising or of any in	vent all illness and injurganizers, sponsors, super	ry to players. I hereby wair rvisors, participants and pe	ve, release, absolve, indemnify,	
I agree to return the uniform, pract	tice jersey, and any other	er equipment issued to my	child in good condition	
Participation Fee \$40 per participa	unt			
Parent Signature:		Da	te:	
PLEASE RETURN	FORM AND PAYME	ENT TO SCHOOL OFFICE	EBY October 30 <sup>th</sup>	
COACHES NEE	DED- If interesto	ed please indicate p	reference below	
Boys team <u>-</u>	<u>Grade</u>	Girls Team <u>-</u>	<u>Grade</u>	
Any questions	s contact Nicki Wagner	920-229-4318 / njwagner@	∮yahoo.com	
**	* Make checks payable	to Princeton Youth Sports**	:	
Paid:	Check #:	Cas	h:	