CITY OF HERMOSA BEACH YOUTH BASKETBALL LEAGUE
PROUDLY SERVING: SOUTH BAY CITIES
COMMUNITY CENTER GYM
Post Office Box 115
Hermosa Beach, CA 90254
(310) 372-BALL

APPLICATION

THIS AREA MUST BE FILLED IN

Today's Date: __/__/__ Player's Name_____
First M.I. Last
Address: _____ City: _____ Zip: _____ Phone: (___) _____ - _____
Birthday: __/__/__ Sex: M / F Age: ___ School:_____ Grade: _____
Years Experience: _____ Height: _____ Weight: _____ Days NOT Available: _____

Youth Size	Shorts	Shirt
Y-XS	18- 20 in. waist	26-28 in. chest
Y- S	20-22 in. waist	30-32 in. chest
Y-M	22-24 in. waist	32-34 in. chest
Y- L	24-26 in. waist	34-36 in. chest
Adult Size		
A- S	28-30 in. waist	36-38 in. chest
A- M	32-34 in. waist	38-40 in. chest
A- L	36- 38 in. waist	40-42 in. chest
A- XL	40-42 in. waist	44-46 in. chest

FOR A LOOSE FIT ORDER ONE SIZE LARGER

UNIFORM SIZE

Shirt Size	Short Size:
Youth:	**Youth:**
□X-Small	□X-Small
□Small	□Small
□Medium	□Medium
□Large	□Large
Adult:	**Adult:**
□Small	□Small
□Medium	□Medium
□Large	□Large
□X-Large	□X-Large

Father's Name:_____ Cell Phone:_____
Email [Please Print Clearly]: _____
Mother's Name: _____ Cell Phone: _____
Email [Please Print Clearly]: _____
Other Addresses: _____

Parent Volunteer Services: If you are interested in volunteering in any of these assignments, check the appropriate boxes

□Coach □Assistant Coach □Other: _____

Health Insurance Co.:_____ Policy #: _____

NOTICE

I consent to have my son or daughter, if injured during practice, game, or tournament activities, treated by our family physician: **IF OUR DOCTOR IS NOT AVAILABLE, I CONSENT AND AUTHROIZE ANY MEDICAL TREATMENT NECCESARY BY A DOCTOR SELECTED BY THE LEAGUE, AND PERFORMED AT AN EMERGENCY MEICAL FACITILITY OR HOSPITAL AT SUCH LOCTION AS DEEMED APPROPRITE BY THE ATTENDING DOCRO OR MEDICAL EMERGENCY STAFF.**

_____
Family Physician Name Address: Street City Zip Code Telephone

I hereby give approval for my son or daughter to participate in the HERMOSA BEACH YOUTH BASKETBALL LEAGUE. I assume all risks and hazards incidental to such participation including transportation to and from such activities: and I hereby do waive, release, hold harmless and agree to indemnify the City of Hermosa Beach, the Hermosa Beach Youth Basketball League, it's officers, employees and agents, coaches, athletic staff, supervisors, referees, officials of the League, and participants, from any claim or action arising out of injury sustained in connection with participation in this LEAGUE and its related activities and tournaments by my son or daughter. I have provided medication insurance coverage for such injury or claim.

_____
SIGNATURE OF PARENT OR GUARDIAN DATE

□Request Scholarship Explain: _____