

Friendsville Optimist Basketball League (FOB) Registration Application

Players Name: _____ M ___ F ___

Address _____

School _____ Grade _____ Birthdate _____ / _____ / _____
Required required required

Parent/Guardian _____ Number to contact _____ Y or N
TEXT

Parent/Guardian _____ Number to contact _____ Y or N
TEXT

Brothers or sisters playing at FOB League _____

Physical limitations or allergies: _____

Does applicant play on a school basketball team? Yes _____ No _____

Please circle shirt size needed:	Youth	S	M	L	Adult	S	M	L	XL
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Previous year team: _____

I (parent/player) agree to abide by the Parents/Players Code of Ethics

I, parent or guardians of the above named candidate for a position on a Friendsville Optimist Basketball Team, hereby give my consent and approval to participate in all Friendsville Optimist Basketball activities, including transportation to and from the activities.

I know that participation in basketball may result in injuries and that protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify, and agree to hold harmless Friendsville Optimist Basketball League, the organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or for any other cause.

I UNDERSTAND THAT MY CHILD MAY NOT PLAY UNTIL FEES ARE PAID OR ARRANGMENTS ARE MADE.

Parent/Guardian signature _____

Date _____

F.O.B. League Use only:

Fee amount paid: _____

Cash

Check

Credit Card

Venmo

Online

Mail

In person

Msg