

**Westport Weston Family Y
Travel Basketball Tryout Registration Form
2009-2010 Season**

NAME	DATE OF BIRTH	SCHOOL	GRADE	M/F

Address:	City
Home Phone:	
Cell Phone:	
Name of Parent/Guardian:	
Email address:	
Work Phone:	

Family Physician Name and Phone:
Insurance Company:
List of Allergies/Medications/Medical problems:
Emergency Contact Name & Phone:
Parent/Guardian Signature/Acknowledgement:
Printed Name:

RELEASE: I certify that the named applicant has no condition that prohibits full participation in Travel Basketball at the Westport Weston Family Y. I assume all ordinary risks when using the Family Y facility and agree not to hold the Westport Weston Family Y or any of its instructors, employees, coaches, assistant coaches, supervisors or participants liable for any injury or damages, which may occur to me or my child as a result of my/our participation in tryouts, classes, practices, games or related activities. I hereby release the Westport Weston Family Y, its affiliates, agents, and employees for any liability for accidents while participating in the program. In the event of an accident and I (the signer) cannot be reached, I give the Westport Weston Family Y, its coaches, agents and employees permission to contact and obtain necessary medical attention for my child. I understand that basketball is a contact sport and the risk of injury is present.

For more information - [WWFY Travel Basketball](http://www.westy.org)

Prior to tryouts, player candidates must complete and submit this form to Sally Silverstein, Senior Director Sports & Recreation. ssilverstein@westportny.org. PO Box 190 Wspt 06881 or fax 454-4840