

## DG WARRIORS 2021 BASKETBALL REGISTRATION FORM

Player Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Male or Female

Height \_\_\_\_\_ Position \_\_\_\_\_ School \_\_\_\_\_ On School Team: yes no

Travel Experience: yes no If Yes: A Team or B Team AAU Experience \_\_\_\_\_

JERSEY SIZE: \_\_\_\_\_ SHORTS SIZE \_\_\_\_\_ 2 JERSEY# CHOICES \_\_\_\_\_

Parent Names \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

**Waiver:** I understand that if I accept a DG Warriors roster spot for my child I am enrolling my child in the DG Sports Basketball Program and this document serves as a binding contract and that DG Sports, Bob Fruchter and any facilities that are used or any coaches will not be liable for any injuries incurred during participation in the program. I also understand that there are no refunds and that there is no guarantee of playing time. I understand that if the season is canceled for any reason before the end of my child's team season I will receive a prorated credit towards subsequent DG Sports Basketball Programs equal to the credit accrued..

If a player is injured and can't continue, he or she will receive a prorated credit towards another DG Sports Basketball Program. I allow DG Sports to use my child's name and photo on their web site and in media releases.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE: DG SPORTS INNER OFFICE**

fees paid \_\_\_\_\_ date paid \_\_\_\_\_ receipt # \_\_\_\_\_