



www.RogersSummerBasketball.com

ROGERS YOUTH SUMMER BASKETBALL League (RYSBL)

REGISTRATION FORM

(Register online at www.RogersSummerBasketball.com)

Player Name: _____ Grade: _____ (2009/2010) Boy/Girl _____

Player Height : _____

Playing Experience: List both House & Travel (Include the number of years & Level of Travel if applicable) _____

Parents Name(s): _____

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Emergency Contact: _____ Emergency Contact Phone #: _____

- Teammate requests will not be taken. Each division will be playing at the same time to accommodate ride sharing.
- **Mail Form with Check by May 28th to: RYSBL - PO Box 783 - Rogers, MN 55374.**

Medical / Liability Release (Must be signed to play):

I hereby grant permission to Rogers Youth Summer Basketball League (RYSBL) representatives to act for me according to their best judgment requiring medical attention, and hereby waive RYSBL from any and all liability for any injuries incurred while at RMS playing or attending RYSBL games.

Parent or Guardian Signature

Date: _____