

J E F F



LITTLE DEVILS YOUTH BASKETBALL

**JEFF YOUTH BASKETBALL
BOY'S
LITTLE DEVILS BASKETBALL LEAGUE**

www.jeffbasketball.weebly.com

2015

REGISTRATION FORM

Player Name _____

Address _____ City _____

Zip _____

Phone Number _____

GRADE **SCHOOL**

CIRCLE CORRECT CHOICE

Gender: BOY or GIRL

Short Size: YS YM YL AS AM AL

Tank Size: YS YM YL AS AM AL

Shirt Size: YS YM YL AS AM AL

Waiver: I hereby authorize the directors of the JEFF Youth Basketball League to act for me according to their best judgment in any emergency requiring medical attention, and hereby wavier and release the league, Joe Luce and staff, Greater Clark County Schools from any and all liability for any injury and/or illness incurred while playing in the league (practice or games). I will be responsible for any medical or other charges in conjunction with the league.

Parent or Guardian Name (please print):

Parent or Guardian Signature:

Cost:

\$45 if registered (postmarked) by October 8th

\$60 if registered (postmarked) after October 8th.

You can also register October 20th - 6pm at Johnson Arena.

(This is late registration)

Make Checks payable to:

Jeffersonville Basketball

Mail application and Payment to:

Coach Joe Luce, Jeffersonville High School

2315 Allison Lane Jeffersonville, IN 47130

****You can also turn in your registration to your Elementary Main Office. ****