



Adult Registration

Last Name _____ First Name _____ MI _____

Any former name or any other name by which you were known _____

Number and Street _____ Town _____

State _____ Zip _____ Occupation _____

Home Telephone # _____ Business Telephone # _____

Social Security # _____ Birth Date _____

Information may be used for check of arrest records, including sealed records, if any, from within the jurisdiction of the Suffolk County Police Department. I authorize the release of this information directly to Southampton Youth Services, Inc.

The SYS Basketball League has adopted a zero tolerance policy for violence. This includes physical acts of violence, threats of violence or threatening behavior. A violation committed by any participant (player, coach, referee), parent, or fan, will result in immediate expulsion from the league and a fine to the organization from which he or she belongs.

Signature _____

Date _____