SYS Basketball League - Program Roster

Program Starting Date: _____ Year: _____

Grade (circle one): ¾ grade | ⅝ grade | ⅞ grade Boys | Girls

Program Coordinator: _____ Phone: _____ Email: _____

Coaches (Name, Email, Phone #'s):

1. _____
2. _____
3. _____
4. _____

#	Player Last and First Name	Address, Town, Zip	Phone	Date of Birth
1.				
2.				
3.				
4.				
5.				
6.				
7				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Southampton Youth Services Player Registration Form

Participants Name: _____

Age: _____ Birth Date: _____ Are you an SYS Member? Yes | No

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name(s): _____

Email: _____ Cell Phone: _____

Emergency Contact Person: _____

Relationship: _____ Cell Phone: _____

Health History

1. Recent Illnesses: _____
2. Chronic Illnesses or Allergies: _____
3. Medications Taken Daily: _____
4. Health Insurance Company: _____

- I/we, the parent(s) or guardian(s) of the above-named candidate for a position on an SYS league team, hereby give my/our approval for participation in any and all SYS activities, including transportation to and from such activities.
- I/we understand that participation in sports may result in serious injury and that the use of protective equipment does not prevent all injuries to players. I/we hereby waive, release, absolve, indemnify, and agree to hold harmless SYS, its organizers, sponsors, supervisors, participants, and any persons transporting my/our child to and from activities, from any claim arising out of any injury to my/our child, whether the result of negligence or any other cause.
- I/we agree to return, upon request, the uniform and any other equipment issued to my/our child in as good condition as when received, except for normal wear and tear.
- I/we understand that my/our child may be required to try out for a team. If a player does not attend at least 50% of the tryouts, approval from the local Board of Directors will be required for that player to be placed on a team.
- I/we understand that my/our child may be selected at any time to play on an SYS league team if he or she is of the appropriate age for that division, as determined by SYS. Declining to move up to such a team will result in forfeiture of eligibility for the Major Division for the current season and may be subject to further restrictions by the local league.
- I/we agree to provide proof of legal residence and age. I/we understand that my/our child must meet the residence and age eligibility requirements of SYS to participate in the local league. In the event of any controversy regarding residence and/or age, the decision of SYS shall be final and binding. I/we further understand that if any participant on an SYS league team is found ineligible based on residence or age, such participant and/or team may be deemed ineligible, and forfeiture and/or suspension of tournament privileges may be imposed by the Charter Committee or Tournament Committee.
- I/we will furnish a certified birth certificate for the above-named candidate to league officials.

Signature: _____ Date:_____