

TOWN OF PORT BARRE YOUTH LEAGUE
PO BOX 219
PORT BARRE, LA 70577
337-585-7646

Registration period OCT. 23rd – NOV. 18th

BASKETBALL 2017-2018 Season

REGISTRATION FEE - \$25 for 1st child, \$10 per child thereafter

PLEASE NOTE: REGISTRATIONS WILL NOT BE ACCEPTED AFTER THIS DATE. NO EXCEPTIONS!!!

TRYOUTS – November 18, 2017 at the PORT BARRE HIGH SCHOOL GYM

Completed registration form with payment and a copy of birth certificate may be dropped off at the Port Barre Town Hall between the hours of 8 am to 4 pm, Monday through Friday. There is a drop box located on the door for after hour payments. You may also mail your forms & payments to address listed above. Checks are to be made payable to “Town of Port Barre Youth League.” Please **DO NOT** drop cash off in the drop box.

TRYOUT TIMES:

5 – 6 yr. old (Boys & Girls) - 9 am
7 – 8 yr. old (Boys & Girls) - 9:30 am
9 – 10 yr. old (Boys) – 10 am

11 – 12 yr. old (Boys) – 10:30 am
13 - 14 yr. old (Boys) – 11 am
9 – 14 yr. old (Girls) - 11:30 am

****If your child is unable to attend tryouts, his/her name will be pulled from a hat and placed on a team****

PLAYER'S NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____

PARENT OR GUARDIAN NAME: _____ PHONE NO.: _____

MEDICAL AUTHORIZATION/RELEASE OF CLAIMS

To Whom It May Concern:

This is to certify that I, parent/guardian of _____, hereby grant permission to the adult head coach, coach and business manager of the team to obtain medical care from any licensed physician, hospital or medical clinic, for the player named herein at such time as either the parent(s) or legal guardian cannot be contacted by telephone. This authorization release shall include all league activities, including the period required to travel to and from league activities. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Port Barre Youth League, its organizers, supervisors, participants, and persons transporting the players to and from league activities, from any claim arising out of an injury to the player.

SIGNATURE: _____ RELATIONSHIP: _____

PHONE NO.: _____

****PLEASE COMPLETE BACK OF FORM FOR SHIRT SIZE****

PLACE AN "X" BY THE SIZE THAT APPLIES:

YOUTH SIZES:

SMALL	MEDIUM	LARGE	X-TRA LARGE

ADULT SIZES:

SMALL	MEDIUM	LARGE	X-TRA LARGE