

**West Linn Youth Basketball Association
Recreation Registration Form**

Note: This manual registration form is to be used only by those families seeking financial assistance. All other families are required to register online.

Participant Information

Name _____
Address _____
School _____ Grade _____ Sex _____ Date of Birth _____
Home Phone _____ Height _____
Years of Experience _____ Uniform Size (YL, AS, AM, AL) _____

Parent/Guardian Information

Name _____
Email Address _____ Work Phone _____

Emergency Contact Information

Name _____
Home Phone _____ Work Phone _____

Consent and Release

The above named participant has my permission to participate in the West Linn Youth Basketball Association's Recreation Program. I acknowledge that this activity may be hazardous and I release the Association and its officers and coaches from any liability for injury of the named participant. In case of emergency, the Association has my permission to call an ambulance or take the participant to any physician at my expense.

Parent/Guardian Signature _____ Date _____

Payment Information

The participation fee for the current season is \$90. This fee covers gym fees, uniforms, referee fees, insurance and other expenses associated with the program. Please mail this form, along with a check made payable to WLWYBA, to WLWYBA, PO Box 511, West Linn OR 97068

Financial Assistance

To request financial assistance, access the associations website (wlwyba.com), download and complete the Request for Financial Assistance Form. Please mail the Request for Financial Assistance Form, along with this Recreation Registration Form, to WLWYBA, PO Box 511, West Linn OR 97068.