

West Linn Youth Basketball Association
Select Registration Form

Note: This manual registration form is to be used only by those families seeking financial assistance and/or performing late registration. All other families are required to register online at www.wlhoops.com .

Participant Information

Name _____

Address _____

School _____ Grade _____ Sex _____

Home Phone _____ Date of Birth _____

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 Select 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 this season is \$350 and an additional \$20 for late registration. This fee covers gym fees, uniforms, tournament fees (three), referee fees, youth three rivers league 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 (wlhoops.com), print, complete and sign the Request for Financial Assistance Form. Please mail the Request for Financial Assistance Form, along with this Select Registration Form, to WLWYBA, PO Box 511, West Linn OR 97068. The Association's Board of Directors will review all requests and contact the requester with a response or with additional questions.