

## BEACHES Application:

Name \_\_\_\_\_

Grade \_\_\_\_ School \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Please circle the division you will be playing in:

Pre-K    K-1<sup>st</sup> Gr.    2<sup>nd</sup>-3<sup>rd</sup> Gr.    4<sup>th</sup>-5<sup>th</sup> Gr.  
(Co-Ed) (Co-Ed)    (Co-Ed)    (Co-Ed)

Male or Female (PLEASE CIRCLE)

Parent's Name \_\_\_\_\_

Work Number \_\_\_\_\_

In case of emergency, call \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

T-shirt size: YS YM YL AS AM AL  
(Please circle correct size)

Would you like to Coach? Yes No

Coach's T-shirt Size: AS AM AL AXL

Would you like to Sponsor a Team? Yes No

Cost: \$100

If yes, Name of Sponsor:

\_\_\_\_\_  
If you sponsor a team, what do you want on  
Sponsor Board

\_\_\_\_\_  
Player Request. You may request to be with  
another child. Put on line above.

## Parent Permission And Release of Liability

The Undersigned parent, guardian, or legal representative, hereby consents to the participation of \_\_\_\_\_ (name of player) in Beaches Basketball League and all of its associated activities. For and in consideration of the child being allowed to participate in this league, and other valuable consideration, the undersigned parent, guardian, or legal representative on behalf of the child and the child's parents, personal representatives, assigns, heirs, and next of kin, do hereby release and hold harmless the Beaches Basketball League, all organizers of this camp, all volunteers, chaperones, employees, and agents of the said parties, and their personal representatives or assigns from any loss or damage on account of any injury to the person or personal property of the child, or death, caused by negligence or otherwise, while the said child is engaged in the above stated league and any activities of the league. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. The undersigned parent, guardian, or legal representative further acknowledges that he/she is authorized to enter this agreement on behalf of the child, the child's parents, personal representatives, assigns, heirs, and next of kin.

I further authorize any representative of this league to obtain medical treatment for my child in the unlikely event of an injury or illness during this program, and I agree to pay any expenses incurred for such treatment.

\_\_\_\_\_  
(PARENT/GUARDIAN/REPRESENTATIVE)

\_\_\_\_\_  
(Date)

Tommy Hulihan  
St. Paul's Catholic School

Jim Martin  
Providence High School



**Beaches  
Basketball  
League**

Summer 2010

[www.beachesbasketball.com](http://www.beachesbasketball.com)

Please mail checks Payable to: (\$100)  
Beaches Basketball League  
c/o Jim Martin  
2311 Fallen Tree Drive East,  
Jacksonville, FL 32246

Season runs June 12-July 17

Deadline to register: Friday, May 28  
Cost: \$100

