

SOUTHSIDE Application:

Name _____

Grade ____ School _____

Email _____

Address _____

Zip _____ Home Phone _____

Please circle the division you will be playing in:

Pre-K K-1st Gr. 2nd-3rd Gr. 4th-5th 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

We are in need of Coach's

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 the back of the shirt to say.

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 Southside 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 Southside 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
Coach
St. Paul's Catholic School

Jim Martin
Coach
Providence High School



**Southside
Basketball
League**

2010

www.beachesbasketball.com

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

Deadline to Register Friday, May 28

