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WNYYMBL STUDENT REGISTRATION

2020-2021

Coaches, please keep a copy of this registration with your records.

STUDENT: _____

DATE OF BIRTH: ____/____/____ AGE: ____

PARENT NAME: _____

SCHOOL: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ - _____

EMERGENCY CONTACT (if different from above)

NAME: _____

NUMBER: (____) _____ - _____



WNYYMBL TEAM COACH REGISTRATION

2020-2021

Team name: _____

Coach name: _____

Coach number: (____) _____ - _____

Coach address: _____

Will you have any assistants? Y N

If so, write the names and contact information below.

Assistant #1: _____

Number: _____

Assistant #2: _____

Number: _____

Dear coach, we thank you for your service to our youth. Although your services are voluntary, WNYYMBL will compensate you throughout the season for your time and energy. If you are able to tutor **and/or** mentor check the box(es) below.

☐

Yes, I am able to mentor.

☐

Yes, I am able to tutor.



WNYYMBL PARENTAL CONSENT AND LIABILITY WAIVER FORM - 2020-2021

Dear parents,

We thank you for choosing to entrust your child(ren) to our youth development league, WNYYMBL. Together, we can all make the effort that is needed to grow our youth into excellent adults, strong in faith, character and physical well-being.

Please sign below that you are:

- 1) giving your child(ren) the right to participate in WNYYMBL, for sports, mentoring (counseling) and tutoring
- 2) waiving the league of liability in the event of an incidental or accidental injury to your child(ren) during our activities
- 3) acknowledging that you have received the WNYYMBL COVID-19 policy and WNYYMBL is not liable for incidental virus transmission

Child name: _____

Child name: _____

Parent name (print): _____

Parent name (sign): _____

*Note: Coach, please sign below when form is completed

Coach: _____