



# WNYYMBL TEAM ROSTER REGISTRATION

2020-2021

Coaches, welcome to the official registration for the WNYYMBL 2020-2021 Summer Youth Basketball Season. Please fill out the info below.

Name	DOB/Age	Fee Y/N	Shirt Size	Shirt #	School Name
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**BUFFALO**



**ROCHESTER**



**NIAGARA FALLS**

**WNYYMBL** 

## **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: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



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## **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.



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## **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: \_\_\_\_\_