

BUFFALO ROCHESTER SYRACUSE



**"...STRONG IN FAITH,
CHARACTER AND
PHYSICAL WELL-BEING"**

WNYYMBL TEAM ROSTER REGISTRATION 2021-2022

Coaches, welcome to the official registration for the WNYYMBL 2021-2022 Youth Basketball Season. Please fill out the team info below.

Name 15U/18U DOB Fee Y/N Shirt Size Short Size School Name

Coach Signature: _____ Date: _____

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WNYYMBL 

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WNYYMBL STUDENT REGISTRATION

2021-2022

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: (____) _____ - _____

Coach Signature: _____ Date: _____

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WNYYMBL TEAM COACH REGISTRATION

2021-2022

Team name: _____

Coach name: _____

Coach number: (____) _____ - _____

Coach address: _____

Will you have any assistants? Y N

If so, write the names and contact information below.

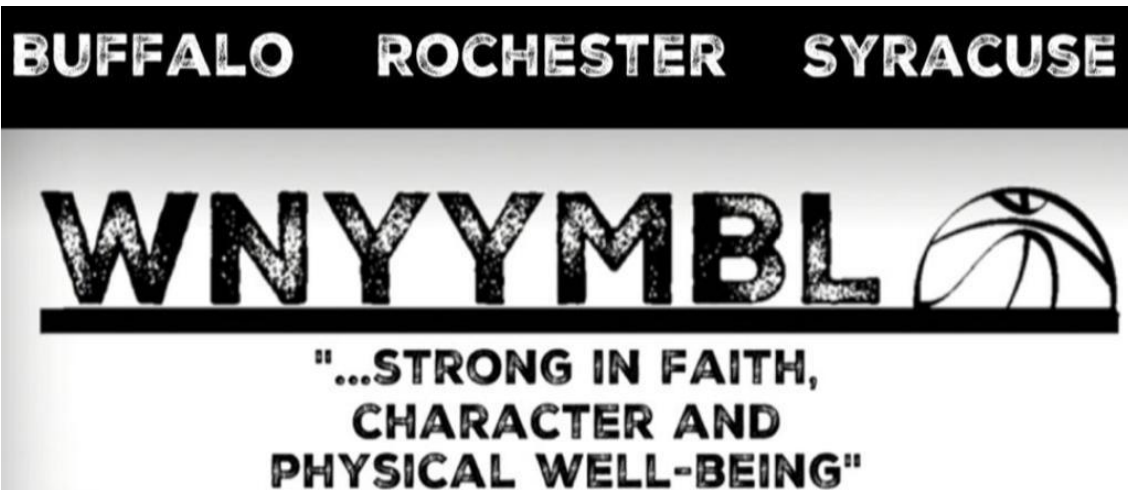
Assistant #1: _____

Number: _____

Assistant #2: _____

Number: _____

Coach Signature: _____ Date: _____



WNYYMBL PARENTAL CONSENT AND LIABILITY WAIVER FORM (2021 - 2022)

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 (school visitation, etc.) and tutoring (if necessary)
- 2) waiving the League or its sponsors and business partners of liability in the event of an incidental or accidental injury to your child(ren) during sports activities
- 3) agreeing to assist the League this upcoming season if able

Child name: _____

Child name: _____

Child name: _____

Parent name (print): _____

Parent name (sign): _____

Coach Signature: _____ Date: _____