



WNYYMBL WOMEN'S LEAGUE TEAM

ROSTER REGISTRATION

SUMMER 2024

Coaches, welcome to the official registration for the WNYYMBL 2024 Women's Basketball League. Please fill out the team info below.

Name

15U/18U

DOB

Fee Y/N Shirt Size

Coach Signature: _____ Date: _____



WNYYMBL PLAYER REGISTRATION

SUMMER 2024

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: _____



WNYYMBL TEAM COACH REGISTRATION

SUMMER 2024

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 - SUMMER 2024

Dear parents,

We thank you for choosing WNYYMBL (aka the League). Together, we can fulfill our mission of helping to develop youth who are “strong in faith, character and physical well-being.”

Please sign below if:

- 1) you are giving your child(ren) the right to participate in WNYYMBL, for sports, mentoring (school visitation, etc.) and/or tutoring (if necessary)
- 2) waiving the League, its sponsors and business partners of liability in the event of an incidental or accidental injury to your child(ren) during League activities OR
- 3) you are playing in the League and are waiving the League, its sponsors and business partners of liability in the event of an incidental or accidental injury to you during League activities
- 4) agreeing to assist the League this upcoming season if able

Coach Signature: _____ Date: _____