

**T.O.P. YOUTH BASKETBALL  
LEAGUE REGISTRATION**

League Name \_\_\_\_\_ Participant's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_, IA Zip \_\_\_\_\_

Age/Grade \_\_\_\_\_ Jersey Size (youth size) S M L XL

Home Phone \_\_\_\_\_ Work or Cell \_\_\_\_\_ Email Address \_\_\_\_\_

The undersigned parent/participant agrees to abide by all league rules. Parents agree to follow good sportsmanship and the rules of The Orange Planet. "I, parent/guardian of said participant, hereby agree to release and hold harmless The Orange Planet and its employees and volunteers from any and all claims or demands whatsoever which might be made against The Orange Planet arising out of or in consequence of the below participant's participation in this program. I hereby authorize the staff of "The Orange Planet" to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release "The Orange Planet" from any and all liability for any injuries or illnesses incurred while traveling to or from facility, participating at the facility or property. I/we agree to pay for all costs, present and future. I have no knowledge of any physical impairment that would affect the player's participation. I further agree that, upon request, I will furnish The Orange Planet with a valid birth certificate for the named participant(s). I also understand that "The Orange Planet" has the right to use, for publicity and advertising purposes, photographs of participants taken at the facility. I understand that I am responsible for my players own insurance." NO refunds after 5 days of application agreement. **There is a \$25 bounced check fee.**

**NO LIQUID OR FOOD IN THE GYMNASIUM**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent's Name \_\_\_\_\_

**MAILING ADDRESS:** The Orange Planet PO Box 57282 DSM, IA 50317

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**Official use only**

Amount paid: \_\_\_\_\_ Payment form: \_\_\_\_\_

Accepted by: \_\_\_\_\_

Notes: