

# KATY SELECT | A BASKETBALL ORGANIZATION

## KATY SELECT REGISTRATION FORM

Player Name: \_\_\_\_\_  
(First) (Last)

Address: \_\_\_\_\_  
(Number & Street) (City) (Zip Code)

Grade Level: \_\_\_\_\_ Birth Date: \_\_\_\_\_ School: \_\_\_\_\_

Height: \_\_\_\_\_ Position: \_\_\_\_\_ Uniform Size: \_\_\_\_\_

First Choice for Uniform Number: \_\_\_\_\_ Second Choice for Uniform Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ & \_\_\_\_\_

In consideration for being accepted to participate in the Katy Select Basketball Program, the undersigned Parent/Guardian/Representative of the player:

1. Represents that the basketball player is in good health, fitness and condition and that Katy Select Administration is aware of any illness, physical condition, defect or injury, which would affect the basketball player from engaging in strenuous physical activity.
2. Agree, acknowledge, and fully understand that the basketball player will be engaged in the sport of basketball and other strenuous physical activities that involve the risk of serious injury; the undersigned further agrees to assume and accept personal responsibilities for said risks.
3. All photos and videos taken by the organization are the exclusive property of Katy Select for its basketball website or basketball publications.
4. **The deposit made for Katy Select or Katy Sting is non-refundable.**

I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND SIGN IT KNOWINGLY AND VOLUNTARILY.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[WWW.KATYSELECTBASKETBALL.COM](http://WWW.KATYSELECTBASKETBALL.COM)