



Paterson Youth Basketball League

133 Ellison Street ** Paterson, NJ ** (973) 321-1313

Membership Application

Level: ☐ Pee Wee

☐ Midget

☐ Lightweight

Birth Certificate

Report Card

(Attach to back)

Team Name: _____ Program: Paterson Youth Basketball League

Player Name: _____

Sex:

Birthdate: ____/____/____ Age: _____

☐ Male ☐ Female

Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

School: _____ Grade: _____ Teacher: _____

Did you participate last year? ☐ Yes ☐ No If yes, team: _____

Parent/Guardian: _____ Phone #: (____) ____-____

Cell #: (____) ____-____ Email: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Employer's Name: _____ Phone #: (____) ____-____

Address: _____ City: _____ State: ____ Zip Code: _____

Emergency Contact

(If Parent/Guardian is not available)

Name: _____ Relationship: _____ Contact #: ____-____-____

Name: _____ Relationship: _____ Contact #: ____-____-____

NOTE: If there are any medical conditions for the child named above that the *Paterson Youth League* should be informed about list below:



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PARENT(S)/GUARDIAN(S) RESPONSIBILITIES

Parents Do's	Responsibility	Comment	
		YES	NO
I/We	For my child's participation in the league will pay a non-refundable fee.		
I/We	A physical examination and/or a medical waiver by guardian for player is required		
I/We	Will be responsible for the care & safe return of sporting equipment issued to player		
I/We	Do understand the risk of physical injuries occurring when participating in league activities		
I/We	Understand the PYBL will provide secondary insurance coverage for my child while he/she is participating in PYBL program		
I/We	Will pay the cost to replace damaged, lost equipment & uniforms that were issued to player		
I/We	Provide PYBL permission to assist in emergency medical attention for my child.		
I/We	Provided the Head Coach with my child's medical condition. Such as asthma, and will obtain the necessary devices for his/her well-being. (inhaler)		
I/We	To the best of my knowledge my child is in good health to participate in league activities		
I/We	During the course of any PYBL sponsored activity, in case of a medical emergency: * I hereby authorize any local hospital, doctor or other licensed medical practitioner, as well as emergency medical treatment personnel, to provide the best possible procedures as an aid to my child's health and well-being		
I/We	During the course of any PYBL sponsored activity, in case of a medical emergency: *I will retain my right to make all necessary decisions concerning the medical treatment of my child if/when I am attending any function of the PYBL. (Practice, weight-ins, etc.)		
I/We	I hereby authorize the school at which my child is presently enrolled to complete the form and release his/her grades to PYBL upon their request.		



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Medical Waiver / Picture Release Form

☐ Yes

☐ No

I authorize qualified medical personnel to perform necessary medical treatment in my absence. This authorization is granted only if I cannot be reached and a reasonable effort has been made to contact me of the occurrence. In the event there should be an accident or injury to your child, we require a signature allowing the hospital to take immediate medical action to ensure that your child receives prompt medical attention without delay in your absence. **My child and I are aware that there are risks and potential hazards while participating in any sports activities.**

☐ Yes

☐ No

We would appreciate your support by allowing the league to post photos of your child or children as they participate throughout the year on the [Paterson Youth Basketball League](#) website. Along with these photos will be your child's name, the team he plays with, and later the league will update pictures of your child while attending high school/college as it provides positive motivation for the up and coming players. Website _____

Authorization

Name of Child/Player: _____ DOB: ____/____/____

Name of Parent/Guardian: _____

Address: _____

Work: ____-____-____ Home: ____-____-____ Cell: ____-____-____

Family Physician: _____ Phone#: ____-____-____

Signature: _____ Date: _____
(Parent/Guardian)

Coordinator Approval ☐ Yes ☐ No Signature: _____

Date: _____



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Physical Form

Patient's Name: _____ DOB: ____/____/____

Address: _____ Apt: _____ Home# : (____) - ____ - ____

City: _____ State: _____ Zip Code: _____

Medical History

TBC. Or contact with same: _____

Rheumatic Fever: ☐ Yes ☐ No

Diabetes: ☐ Yes ☐ No

Epilepsy: ☐ Yes ☐ No

Asthma: ☐ Yes ☐ No

Other: ☐ Yes ☐ No

Medications: ☐ Yes ☐ No

Physical Examination:

Heart: _____ After Exercise: _____

Lungs: _____ Blood Pressure: _____

Hernia: _____ CNS: _____

Special Examination:

Height: _____ Remarks: _____

Weight: _____

I certify that the above name (is fit) or (is not fit) to participate.

Physician's Address:

Address: _____ City: _____ State: _____ Zip Code: _____

Physician's Signature: _____ Phone#: (____) - ____ - ____



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Release Request

The *Paterson Youth Basketball League* organization is dedicated to the purpose of preparing the youth of our communities and city to lead a healthy, active, honest participation in a well-organized sports program, as well as providing mentoring through community volunteers.

A secondary purpose is to prepare as many players as possible for participation in high school sporting programs.

I _____ the parent of _____,
authorize the release of school information to the *Paterson Youth Basketball League*
coaches/staff. This information will allow us to help guide the player in an improved
direction.

Signature: _____
(Parent)

Date: _____

Signature: _____
(Head Coach)

Date: _____

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