

Boys Little Dribblers Club – 2024-25  
Registration Form

Ck#/Amt _____ Rec'd by _____
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Cost \$25/\$30 if registered after December 18th

(Checks Payable: Milton-Union Boys Basketball Parents Association/\$30 Returned Check Fee)

Player Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Contact #1 Name \_\_\_\_\_ Ph# \_\_\_\_\_ Text: Yes/No  
Contact #2 Name \_\_\_\_\_ Ph# \_\_\_\_\_ Text: Yes/No  
Email \_\_\_\_\_  
Shirt Size: YM/YL/AS/AM/AL

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**MEDICAL AUTHORIZATION AND PERMISSION TO PARTICIPATE**

***Release of responsibility:***

*I, the parent/guardian of the above named child, shall hold harmless Milton-Union Exempted Village Schools, its officers, employees, coaches, and camp staff against liability, claim, action, cost, damage, loss, or injury while participating in the basketball instruction.*

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

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*I hereby consent to participation in this instruction. In the event of an emergency, I give the staff permission to take all medical emergencies to the closest medical center.*

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