

Westside Basketball League Competitive Roster/Insurance Waiver

Head Coach _____ Telephone Number _____ Cell Phone _____

Assistant Coach _____ Telephone Number _____ Cell Phone _____

Print Child's Name	Print Guardian's Name	Guardian's Contact Number	Child's Age	Child's Grade	Telephone Number

Amount: \$700 Check Number: _____ Cash: _____ League Initials: _____

Absolutely NO refunds

Registration Deadline December 28

Individual sign-up forms must be attached for each athlete include the signed waiver/release for communicable diseases including COVID-19.