



PO Box 1024, Sherwood OR 97140

SHERWOODBASKETBALL.COM

Sherwood Basketball Organization is a youth basketball program for boys and girls grades 3rd through 8th that live within or are attending school in the Sherwood School District

REGISTRATION FEE SCHEDULE

August 17th—September 25th \$85.00 per player
After September 25th \$125.00 per player

Classic basketball has additional costs beyond the registration fee. Financial assistance is available — please leave a message at 971-503-1517, a SBO board member will contact you.

PLEASE REGISTER ONLINE at WWW.SHERWOODBASKETBALL.COM
If unable to register online mail completed registration form to SBO at above address

REGISTRATION
(Please print)

Child's Name _____ Male [] Female []
Address _____ City _____ State _____ Zip _____
Birth date ____/____/____ Age _____ Grade _____ Home Phone _____
Mother's Name _____ Employer _____ Work phone _____
Father's Name _____ Employer _____ Work phone _____
Email _____

[] Please check this box if your child would like to tryout for a Classic Team

(Competitive leagues for grades 5-8, a description of the difference between recreational and classic basketball are located on our website)

Shirt size (circle one) YS YM YL AS AM AL AXL AXXL
Short size (circle one) YS YM YL AS AM AL AXL AXXL

I would like to volunteer as: [] Coach [] Asst. Coach [] Tournament Help

COACHES: To be considered, you must fill out and submit both and Application & Background Check form — both forms can be found on our website

In an effort to reduce the need for fundraising, SBO is asking for a minimum \$10 donation. I have enclosed a check for \$ _____ which includes a donation and my registration fee.

Child's Name _____ has my permission to participate in the SBO program, and to participate in photographs taken for publicity purposes. Furthermore, participation in Sherwood Basketball Organization (SBO) requires the ability to: run, jump and exercise. Additionally, participation requires the capacity to understand the rules of the game. If your child has a current condition that limits his/her ability to participate in an activity please check here _____ and you will be contacted by a SBO board member.

CERTIFICATION OF PHYSICAL CONDITION AND MEDICAL CONSENT: I certify to the best of my knowledge, my child has no physical or mental conditions which prohibit him/her from participating in SBO activities. By signing below, I hereby consent to any emergency medical treatment as approved by his/her coaches or other persons associated with SBO in case of illness or injury while participating in all levels of play, practice, travel or any other SBO activities. I fully release SBO, its board members, and persons associated with SBO, the City of Sherwood, the Sherwood Parks Department and the Sherwood District 88J from and against any claim, demand or liability.

Known Medical Problems: _____

Parent or Guardian Signature _____ Date _____

Insurance Company: _____ Group or Policy # _____ Hospital _____