



TCBL PLAYERS REGISTRATION FORM

First Name: _____ Last Name: _____	PARISH/SCHOOL USE Method of payment: Cash _____ Check _____	TCBL USE ONLY: Team (Mark One): Sr. Boys _____ Sr. Girls _____ Jr. Boys _____ Jr. Girls _____ Midgets _____
Address: _____ Home Phone: _____ E-mail Address: _____	Payed for more than one child: _____	Proof of Age (Mark One): Birth Cert. _____ Bapt. Cert. _____ Mil. ID _____ Other _____
School: _____ Grade: _____ Current Age: _____ Birth Date: _____	Proof of Age (Mark One): Birth Cert. _____ Bapt. Cert. _____ Mil. ID _____ Other _____	Waiver (Mark one): Approved: _____ Not Approved: _____
Parish: _____	Circle one: Boy _____ Girl _____	Circle one: Basketball _____ Cheerleading _____

I understand the risks of injury inherent in playing basketball, and I give my permission for my child to participate in the TCBL.
 My child and I promise to uphold the highest Catholic and Christian Values.
 I will display the highest citizenship, fair play, ethics, integrity and sportsmanship.
 I understand that if we fail to uphold the highest Catholic and Christian Values and display highest citizenship, fair play, ethics, integrity and sportsmanship that TCBL Board could restrict us from playing in the TCBL.

PARENT/LEGAL GUARDIAN SIGNATURE _____ Date _____

I have examined this application and supporting proof of age document and find both to be in accordance with league rules and regulations.

PARISH REPRESENTATIVE _____ Date _____