



DG WARRIORS 2023 BASKETBALL REGISTRATION FORM

Player Name: _____ Date of Birth: _____

Male / Female Age: _____ Grade: _____ School: _____

Height: _____ Position: _____ On school team? YES or NO

Travel Experience: YES or NO If yes: A Team or B Team AAU Experience: _____

JERSEY SIZE: _____ SHORTS SIZE: _____ 2 JERSEY # CHOICES: _____

Parents' Names: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

Cell Phones: (_____) _____ for _____

(_____) _____ for _____

Emails: _____ for _____

_____ for _____

Waiver: I understand that if I accept a DG Warriors roster spot for my child I am enrolling my child in the DG Sports Basketball Program and this document serves as a binding contract and that DG Sports, Bob Fruchter and any facilities that are used or any coaches will not be liable for any injuries incurred during participation in the program. I also understand that there are no refunds and that there is no guarantee of playing time. I understand that if the season is canceled for any reason before the end of my child's team season I will receive a prorated credit toward a subsequent DG Sports Basketball Program equal to the credit issued.

If a player is injured and cannot continue, he or she will receive a prorated credit toward another DG Sports Basketball Program. I allow DG Sports to use my child's name and photo on their website and in media releases.

Signature of Parent / Guardian: _____ Date: _____

PLEASE DO NOT WRITE BELOW THIS LINE – FOR DG SPORTS OFFICE USE

Fees Paid Date Paid: _____ Receipt #: _____