



SPYA Basketball Registration Form 2021

\$60 for Franklin Pierce District Residents
Additional \$5 fee for Out of District Participants

Complete and return to: spyarecreation.org, or mail/drop off to 315 129th Street S, Tacoma WA 98444.

Child's Information

Child's First Name:	MI:	Last Name:
Date of Birth:	Grade:	
School:	Emergency Contact #:	
Shirt Size (Circle): S M L XL XXL		

Parent's Information

First Name:	Last Name:		
Contact #:	Circle:	Home	Cell
Email Address:			
Preferred Contact Method (Circle):	Call	Text	Email
First Name:	Last Name:		
Contact #:	Circle:	Home	Cell
Email Address:			
Preferred Contact Method (Circle):	Call	Text	Email
Street Address:			
City:	State:	Zip:	

Please Circle the Appropriate Division for the Participant:

- 1st/2nd Grade (Coed)
 3rd/4th Grade Girls
 5th/6th Grade Girls
 3rd/4th Grade Boys
 5th/6th Grade Boys

Coach/Teammate Selection

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Waiver:

As a parent/legal guardian of the participant I understand that Summit-Parkland Youth Association will not be responsible for an injuries my child may suffer while playing or practicing basketball. I agree to hold SPYA, its employees, agents, representations, coaches and volunteers harmless from any and all losses and liabilities which may arise in connection with my child/ward's participation in any SPYA activities. I consent to my child's participation in the activity/program of SPYA, and authorize the association and its employees/consultants or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other condition which would interfere with his/her participation.

Signature of Child's Guardian: _____ Date: _____

Please send payment via Venmo to SPYArecreation@gmail.com In the comment section please write the participant's name(s)
Office Use Only: Amt Pd. _____ Cash _____ Check# _____ Venmo _____ Staff Initials



Parent Volunteer Sign-up Sheet

First Name:	Last Name:
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Circle Desired Position:

Coach

Assistant Coach

Referee

Years of Experience Coaching/Reffing:

Years of Coaching/Reffing Basketball:

Coaching Agreement:

I agree that I will undergo a background check and any other basic evaluation to ensure the safety of all child participants.

Signature: _____ Date:

Ethical Agreement:

I understand that the purpose of the SPYA league is for the betterment of children and their enjoyment of sports and because of this I will do my best to avoid being over competitive and unfair.

Signature: _____ Date: