

**QUALITY SPORTS AUTHORITY
BIDDY BASKETBALL REGISTRATION FORM**

12725 North Rd

ERATH, LA. 70533

PHONE: 337-937-4360 FAX: 337-937-4359

Jeremy@qualitysports.org

Birthdate: _____ Age/Grade _____ / _____ M _____ F _____
(MONTH) (DAY) (YEAR)

Name: _____ **** Registration Fee - \$40.00 ****

High school zoned for: **AHS EHS KHS DHS VC NVHS HTCA AHOP** Other: _____

Games begin July 10th thru August 6th, all games at the Henry Gym.

Shirt Size: YS YM YL AS AM AL AXL (circle one)

Lives With (Father / Mother / Both)

< Father >
Name: _____
Address: _____
City _____ State ____ Zip code _____
Home Phone _____
Cell Phone _____
Email: _____

< Mother >
Name: _____
Address: _____
City _____ State ____ Zip code _____
Home Phone _____
Cell Phone _____
Email: _____

REQUIRMENTS FOR ALL PLAYERS

I do hereby give my permission for the above named to participate in the Quality Sports Authority program during the current season. I will Assume all risks and hazards that are incidental to the conduct of the activities. I further agree to release, absolve, indemnify and hold harmless, Quality Sports Authority League, their sponsors, organizers, supervisors, officers, and field owners, of all legal responsibilities.

I give permission to this League, its officers and representatives, to provide medical treatment in case of an emergency or injury.

PARENT'S SIGNATURE: _____ **DATE:** _____

- Registration fee is \$40.00
- The player must furnish a case of Coca-Cola product as the coach will inform the team of due date and product.
- The player will participate in a league fundraiser during the season.

I HAVE READ THE ABOVE INFORMATION AND AGREE TO THE REQUIRMENTS. I WILL ALLOW MY CHILD TO PARTICIPATE IN THE QSA SUMMER BIDDY BASKETBALL.

PARENT'S SIGNATURE: _____ **DATE:** _____

Paid: _____ **Date:** _____ **Cash:** _____ **Check#:** _____ **Verified by:** _____

VOLUNTEERS NEEDED: IF YOU ARE INTERESTED IN COACHING/ASSISTING A TEAM PLEASE LET US KNOW- NO EXPERIENCE IS NEEDED, WE ARE MORE THAN WILLING TO ASSIST YOU IN COACHING.

VOLUNTEER COACH'S NAME: _____ COACH'S PHONE NUMBER: _____

MAKE ALL CHECKS PAYABLE TO QUALITY SPORTS AUTHORITY