



2019 SPRING BASKETBALL & SOCCER REGISTRATION

Mail completed form and payment to: Salem-Keizer Education Foundation, 223 Commercial Street NE, Salem, Oregon 97301, c/o Awesome Youth Sports League. To register online, go to skeducationfoundation.org. Questions? Contact Registrar at 503.364.2933 or email registrar@skeducationfoundation.org.

Player First Name _____ Player Last Name _____

Address _____ City _____ State _____ Zip _____

Gender _____ Age _____ Date of Birth _____

Primary Guardian _____ Home Phone _____ Cell Phone _____

Email Address _____ School _____ Age _____ Current Grade _____

Coach Request _____ Teammate Request _____

Jersey Size: (circle one) Youth: S M L Adult: S M L XL

Sport: (check one) Spring Basketball PreK-6th Spring Soccer K-6th

Division: Prek 3&4 Yr Olds (\$60) Kinder (\$92) 1st/2nd Grade (\$92) 3rd/4th Grade (\$97) 5th/6th Grade (\$97)

Check enclosed (payable to Salem-Keizer Education Foundation)

Credit card (circle one): Visa | Mastercard

Name on Card _____ Card # _____

Expiration Date _____ Billing Zip Code _____ 3 Digit Security Code _____

Signature _____ Date _____

AUTHORIZATION AGREEMENT
I personally assume all risks associated with my child's participation in the program/event presented by Salem-Keizer Education Foundation, including but not limited to: use of facilities; use of streets; and all hazards from participation in the program/event. I hereby release for myself, my child(children) and his/her heirs, executors and administrators; SKEF; all sponsors and co-sponsors of the program/event; their officers, agents and volunteers, from any and all claims, demands, action or causes of action incident to my child's participation in the program/event. I grant permission to all of the foregoing to use any photographs, motion pictures, video recordings, or any other record of this program/event for any purpose. I authorize the Salem Keizer Education Foundation and its representatives to secure the services of a physician or hospital, and to incur expenses for necessary services in the event of accident or illness, and I will program payments for these. Every reasonable effort will be made to reach the parent(s) as soon as possible. The program is designed for the enjoyment and benefit for ALL students. Should disciplinary problems occur, parent/guardian will be contacted to pick up the student. My signature above indicates that I have read and understand the instructions and information on this form.