



# SMITH SHARKS GIRLS BASKETBALL

## (7-18 yrs as of 9/30/25)

### ATHLETE INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Elementary School Zone of Primary Residence \_\_\_\_\_ Medical Conditions \_\_\_\_\_

### FEE INFORMATION

Choose a Program (circle one)

Instructional (\$125)  
for players 7-8yrs

Early Bird League Fee (\$130)  
for players 9-18yrs before 10/1/25

League Fee (\$145)  
for players 9-18yrs after 10/1/25

Smith Athletic Association Fee: \$10 per family / per sport season - "YES" or "NO I've already paid this for \_\_\_\_\_"  
(sibling's name)

### UNIFORM

Does Athlete Have An Approved Uniform ☐ YES ☐ NO (if YES, please skip to PARENT INFORMATION)

Jersey (\$46) Size: (circle one) YS YM YL YXL AS AM AL AXL

Shorts (\$20) Size: (circle one) YS YM YL YXL AS AM AL AXL

<b>For SAA Use Only</b>
<b>Total Due:</b> _____
(League Fee, Smith AA Fee and/or Uniform Fee)
<b>Payment Method:</b>
Check # _____ Or Venmo

### PARENT INFORMATION

#### Parent/Legal Guardian 1:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

#### Parent/Legal Guardian 2:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Street Address (if different than above) \_\_\_\_\_

I the parent or legal guardian of the named child listed on this form hereby give my approval for participation in any and all league activities. I, the parent or legal guardian assume all risks and hazards incidental to such participation, including transportation to and from activities. I do hereby waive, release, resolve, indemnify and agree to hold harmless the Smith Athletic Association, the organizers, sponsors, coaches, participants and person transporting my child, except to the extent and in the amount covered by accident or liability insurance. I agree to return all equipment and uniforms issued to my child in the same condition as when it was received except for normal wear and tear. Failure to do so will result in my responsibility to pay for new replacement or unreturned or damaged items. Any returned check is subject to a \$30 service fee. Smith Athletic Association reserves the right to revoke membership for unpaid charges. I agree to furnish a copy of my child's birth certificate upon initial sport sign up or when requested.

I/We would like to volunteer in one/more of the following capacities (circle all that apply)

Coaching

Team Parent

Fundraising

Coach's Card #: \_\_\_\_\_ Expires: \_\_\_\_\_