



**NIST**  
**Bangkok Junior Basketball League 2005 -06**

Date Rec'd: \_\_\_\_\_

Registration # \_\_\_\_\_

**Registration Form**

Players Given Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (dd/mm/yy) Age: \_\_\_\_\_ School Attd: \_\_\_\_\_  
(as of Sep 1, 2005)

Played BJBL: Yes No Played Basketball: Yes No Division: \_\_\_\_\_  
(Please circle) (Please circle)

Skill Level: BEG INT ADV Size: XS S M L XL XXL  
(Please circle) (Please circle)

Parent's name \_\_\_\_\_ Mobile # \_\_\_\_\_

Parent's email: \_\_\_\_\_ Player's mobile: \_\_\_\_\_ Email: \_\_\_\_\_

(Division 1,2 & 3 only)

Are you willing to participate as a: coach / team-parent

(Please circle)

This is a non-profit league; therefore, we do need sponsors, would you be willing to sponsor? Yes No  
(Please circle)

If Yes, your name & contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

*This is a volunteer organization run by the parents and staff of NIST. We need volunteers and sponsors, so please pitch in. Parents that offer to help will get priority on registration or able to register in advance at Poonam's office before February 5.*

Game days are March: 12, 19 & 26 April: 2 & 23

May: 7, 14, 21 & 28 Tournament Day - June 4

DIV	AGE	Time	DIV	AGE	Time
1	5-6	8:00 – 9:15	4	11-12	11:45 – 13:00
2	7-8	9:15 – 10:30	5	13-14	13:00 – 14:15
3	9-10	10:30 – 11:45	6	15 up boys & Girls	14:15 – 15:30

**Waiver of Liability**

I, we, the parent of the player named above acknowledge that when our child/children is playing/participating/performing basketball activities my child/children may suffer injury, I, we, release the organizer/organizing committee/school from any liability concerning any injury or harm suffered by my/our child/children during or as a consequence of participation in the activities. Furthermore, I, we, promise that we will attend our child/children's game or have a parental guardian attend the activities if we do not attend it by myself/ourselves.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of injury that requires emergency treatment at a hospital, my child/children

should be sent to the following hospital: \_\_\_\_\_

Emergency Contact # \_\_\_\_\_ Name: \_\_\_\_\_

**For BJBL ONLY**

*Receipt NIST BJBL 2005-06.*

Date: \_\_\_\_\_ Registration #: \_\_\_\_\_ Division: \_\_\_\_\_

Amount: Baht 2,000 Paid: Cash / Cheque # \_\_\_\_\_

For BJBL: \_\_\_\_\_

Please hold on to this receipt as proof of payment and for tracking the registration of the NIST BJBL 2005 in case your child/children are not notified of the team. If lost, we cannot guarantee that we will be able to trace your registration.