



Girls Basketball League 2021-2022

West Chester Lightning, now entering its 25th season, is excited to offer an opportunity for your daughter(s) to learn the fundamentals and skills of basketball in a fun environment. Don't miss out on the chance to be a part of our long-standing tradition. Take advantage of this exciting opportunity and send in your registration form for the 2021-2022 Season today!

A non-refundable registration fee for all players is \$135 per child for all registrations received through October 10th and all 1st/2nd grade clinic players. Cost after October 10th for players in grades 3-8 will be \$145.00. Please make sure to send in your registration form (see below) along with your payment to guarantee your daughter a spot on a team. In order for us to ensure enough teams and an opportunity for all of the girls who wish to participate, we must rely on the help and participation of parents and volunteers. Please indicate if you are willing to volunteer as a Coach, Assistant Coach, or another volunteer position. **Registration forms are due by October 30th.**

Please make checks payable to "West Chester Lightning League" and send to P.O. Box 1016, Westtown, PA 19395-1016. Please include player name/grade on check.

Evaluations will be held for all players in 3rd - 8th grade will be in late October or early November, TBA. Please check our website for updated information at www.wclightning.org.

Register daughter(s) below for the 2021-2022 Season. Please correct any incorrect information. Do not forget to send this portion of the registration form, along with your payment, to LIGHTNING LEAGUE, PO Box 1016, Westtown, PA 19395-1016. *Please make sure E-MAIL is correct.

Player Full Name: _____

School: _____

Address: _____

Date of Birth: _____ Grade: _____

Volunteer Positions: Coach Asst. Coach

Phone: _____

Other Evaluation Day

Parent Name: _____

Parent Cell: _____

Parent Name: _____

Parent Cell: _____

E-mail: _____

Alt. E-mail: _____

Requests and/or Practice Night Conflicts

All requests and/or conflicts will be considered. We will NOT make any guarantees that these will be accepted.



PLAYER/PARENT PHOTO RELEASE & WAIVER

Players Full Name (Please Print)

PHOTO RELEASE

I hereby grant West Chester Lightning the right to use my child's image/photograph/audio recording/and likeness in any promotional material including but not limited to publication on Internet websites, broadcasts and any other publications as released to or by West Chester Lightning. I consent to allow West Chester Lightning to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing West Chester Lightning's programs or for any other related lawful purpose. And I acknowledge that I will receive no financial compensation for aforementioned images.

I certify that I am a custodial parent and have the aforementioned rights to assign.

_____ YES, I CONSENT TO THE ABOVE

_____ NO, I DO NOT CONSENT TO THE ABOVE

WAIVER

I, the undersigned parent/guardian of the above named child, do hereby grant permission for my child to participate in any and all basketball activities conducted by West Chester Lightning Girls' Basketball ("WCL") and hereby relieve and release WCL, its officers, members, coaches, trainers and staff of and from all responsibility, liability, and damages for any injury incurred by or to my child as a result of his participation in any basketball activity sanctioned or conducted in any way by WCL. Additionally, I agree not to sue and forever hold harmless WCL for any and all known and unknown, foreseen and unforeseen, injury, illness or death as a result of the COVID-19 (coronavirus) pandemic, whether caused by negligence or otherwise, to the fullest extent permitted by law. I will maintain responsibility for insurance or be otherwise prepared to furnish whatever medical services that may be needed to treat my child in the event of injury.

I have read, understood and comply with the above:

Signature of Parent or Legal Guardian

Date

