



Youth Sports League
Rules Sign Off Sheet

Coach's Name (First Name, Middle Initial, and Last Name) _____

Name of Organization _____

_____ I have read and understand the Youth Basketball League Rules provided to me. I further understand that failure to comply with these rules may result in suspension and/or removal of myself and/or my team from City of Allentown Parks and Recreation Department Youth Sports Leagues Offerings.

_____ Print Name _____ Title

_____ Signature _____ Date

OFFICE USE ONLY

_____ **Date Received** _____ **Date Verified** _____ **Verified By**