

YOUTH BASKETBALL REGISTRATION

(Grades 3rd thru 8th)

REGISTRATION DUE BY JANUARY 12, 2010

LEAGUE RUNS FROM 2/8/10-3/11/10

Child's Name:	P. O. Box:		
Street Address:	City:	St:	Zip:
Birth Date:	Age on 8/31/09:	Years of Experience	
School Attending:	Grade 2009/2010:	Male	Female
Fathers Name:	Home #	Work #	
Mother Name:	Home #	Work #	
Father's Cell:	Mother's Cell:		
Home e-mail address:			
Would you be willing to sponsor another child? ___ Yes ___ No			
Child's Shirt Size (please circle only one): Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL			
Parents would you be willing to assist in the league? Coach ___ Assistant Coach ___			
Registration and \$30.00 may be sent to City of Page Recreation, PO Box 1180, Page, AZ 86040 or left at City Hall or Page Sports Complex. Make check payable to, CITY of PAGE. There will be a \$25 charge on all returned checks. FEES MUST ACCOMPANY REGISTRATION OR THEY WILL NOT BE ACCEPTED. (For each additional participant of your immediate family, the fee is \$25.00 per participant.) THERE WILL BE A \$10 PER CHILD LATE FEE FOR THOSE REGISTERING AFTER 1/12/10. THERE WILL ALSO BE <u>NO</u> BREAK FOR ADDITIONAL CHILDREN IN FAMILY IF PAID AFTER 1/12/10.			
I/We verify that my/our child is physically able to participate in recreation programs. I/We, the below signed, as parent or legal guardian of the above listed child, understand there are certain risks and hazards associated with any and all activities and agree to accept the responsibility for medical services if necessary for the above child. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Page, Page Unified School District #8, the organizers, coaches, sponsors, supervisors, participants and persons involved in the activity or those transporting my/our child, whether the results of negligence for any other cause and release them from all liability. I/We, the parents or guardians, give my/our permissions for any emergency treatment necessary, either on the practice facility, game facility or emergency room. I/We give permission for my/our child to participate in this recreation program. THE CITY DOES NOT CARRY MEDICAL/ACCIDENT OR LIABILITY INSURANCE FOR INDIVIDUALS OR TEAMS.			
Does your child have any allergies to drugs, etc. YES ___ NO ___ If yes, please list _____			
Names any medical condition needing frequent or constant treatment _____			
In case of an emergency if the parent can not be reached, please provide the name and phone number(s) of another responsible person that may be contacted.			

PARENTS-SIGNATURE:			

<u>Official use only:</u>			
Payment received by: _____	# of Children: _____	Receipt # _____	
Date: _____	Amount: _____	Check#: _____	Cash: _____