

2016-2017 YOUTH BASKETBALL REGISTRATION FORM

Participants Name _____ Date of Birth _____ Grade _____
Address _____ City _____ Zip _____
Phone Number _____ Cell Number _____ Message Number _____
School _____ Gender Male or Female Height _____ Weight _____

If Height & Weight are left blank you will not be registered! Please be accurate!!!

Is your child playing for a school or travel team? Yes or No If so, please list school/team name _____

Are you registering another sibling? _____ If so, please list **name** and **grade** of each sibling you are registering

Did your child participate in our Youth Basketball Program last year? _____ How many years experience? _____

Would you be interested in coaching your Child's Basketball team? _____ Team Request Name _____
Coaches Only

Circle the size shirt you would like to order for your child

Youth Small 6-7	Youth Medium 8-10	Youth Large 12-14	Youth X-Large 16-18	Adult Small	Adult Medium	Adult Large	Adult X-Large	Adult XX-Large
-----------------------	-------------------------	-------------------------	---------------------------	----------------	-----------------	----------------	------------------	-------------------

If you would like to order additional shirts for \$10.00, please list size(s) here _____

Please note: If you order the wrong size shirt you will be responsible to purchase replacement shirt

ATWATER RECREATION DEPARTMENT AGREEMENT, WAIVER AND RELEASE

I have carefully read the description of the activity for which I/We are registering and in consideration for being permitted by the Parks & Community Services Department to participate in the activity listed, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participating in said activity. This release is intended to discharge in advance the City of Atwater Recreation Department (it's officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability is understood that this activity may involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense, which they may incur as the result of my death or injury, or property damage that I may sustain in participating in said activity.

Parental Consent: (To be completed and sign by parent/guardian)

I hereby consent that my son/daughter, _____ participate in the Youth Basketball Recreation Program. I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons harmless from any loss, liability, damage, cost, or expense, which they may incur as a result of the death or injury, or property damage that said minor may sustain while participating in said activity.

I have carefully read the Agreement, Waiver, and Release printed above and I fully understand its contents. I am aware that this is a release of liability and a contract between the Atwater Parks & Community Services Department and myself and I sign of my own free will.

I also acknowledge and fully understand that refunds for said activity will be given only for medical reasons. In order to be considered for a refund, requests must be accompanied with a written excuse from a doctor. All refunds granted will be subject to a \$6.00 administration fee.

Parent's Name (Please Print) _____ Signature _____

Date _____ (Office use only) Receipt # _____

**You may request a coach or to team up with a friend
but please do not be upset or disappointed if your request is not granted
Please write your request at the top of this registration form**