

Edward M. Armfield, Sr. Civic and Recreation Center, Inc. Summer Basketball Registration Form (Please Print)

Fees are \$30.00 for 1 Player;	\$55.00 for 2 Players;	\$75.00 for 3; \$25 fo	r each additional child
PLAYER:			
	First		Nickname
AGE: BIRTHDATE			Height Weight
# Years Participated in Sport: _		Skill Level: 1	2 3 4 5 6 7 8 9 10
SHIRT SIZE: ☐ Small (6-8) ☐	I Medium (10-12) 🛮 Large	(14-16) Adult:	
GRADE (CURRENT):	SCHOOL:		
Special Needs / Comments / Da	ays you <u>CANNOT PRACT</u>	ICE:	
ADDRESS:			
ADDRESS: Str			Zip Code
Mother/Guardian:	H)	W)	Cell #
Father/Guardian:	H)	W)	Cell #
PRIMARY EMAIL ADDRESS: _			
Emergency Contact:	H)	W)	Cell #
agree to release, waive, discharge, cover child, the Center, and their respective volfrom liability to us and our child, as well a arising from or out of any injury, known of trips, or the above described sports active Photographs: Photographs will occasion pictures of my child for displays, brochure Transportation: Parents are responsible Certification of Child's Fitness and Meable to safely participate in the youth ather In addition, I understand that in case of the	d M. Armfield, Sr. Civic and Recreat nant not to sue, hold harmless, and lunteer youth coaches, officials, age as personal representatives, assigns unknown, to property or body, tha rities; and do hereby expressly assunally be taken of the children during es, and promotional materials with refer providing transportation for the edical Authorization: I, the undersiletics for which he or she has been the illness or injury of my child the C	indemnify, on behalf of my ents, employees, directors, is, heirs and next of kin, for a t my child may suffer from p me the risk or injury associa sports activities. By signing no compensation to me or n ir child to and from practice gned, hereby certify that to registered.	sessions and games. the best of my knowledge, my child is physically the emergency contact listed on this form. In
the event of a medical emergency conce Center officials or my child's coach to ob	rning my child at a time when either tain the necessary medical care and	 I or the emergency contact d/or treatment for my child, 	t person cannot be notified, I hereby authorize including, but not limited to first aid, X-ray eept the sole financial responsibility for such
Name of Insurance Company	:	Insurance F	Policy #:
If your child has any allergies, a	sthmatic conditions or the I	ike which the Center	should be aware, please list:
IN WITNESS WHEREOF, I HAY with full knowledge of its content			
Parent/Guardian Signature		Print Parent/Guardia	n Name
Please Note: If you are willing to pa ☐ League Director ☐ Coach			ase check one (1) or more of the following: am Mom
For Office Use Only: Date registe	ered://	_ Registered By:	Amount: