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

Fees are $55.00 for 1 Player; $100.00 for 2 Players; $135.00 for 3; $25 for each additional child

PLAYER:_____
Last First Nickname

AGE:_____ BIRTHDATE_____/_____/_____ ☐ Male ☐ Female Height_____ Weight_____

Years Participated in Sport: _____ Skill Level: 1 2 3 4 5 6 7 8 9 10

SHIRT SIZE: ☐ Small (6-8) ☐ Medium (10-12) ☐ Large (14-16) Adult: ☐ S ☐ M ☐ L ☐ XL ☐ XXL

GRADE (CURRENT): _____SCHOOL:_____

Special Needs / Comments / **Days you *CANNOT PRACTICE:*** _____

_____

ADDRESS: _____
Street City Zip Code

Mother/Guardian: _____ H) _____ W) _____Cell # _____

Father/Guardian: _____ H) _____ W) _____Cell # _____

PRIMARY EMAIL ADDRESS: _____

Emergency Contact: _____ H) _____ W) _____Cell # _____

Request for Permission: I, the above referenced youth athlete's parent/guardian, hereby register my child to participate in the above listed sport.
Assumption of Risk of Injury: I acknowledge and understand that there is a risk of injury involved in athletic participation. I understand that my child will be under the supervision and direction of a volunteer youth coach. I agree to follow the rules for the sport and the instruction of the coach in order to reduce the risk of injury to my child and other athletes. However, I acknowledge and understand that neither the volunteer youth coach nor the Center can eliminate the risk of injury in sports. Injuries may and do occur. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my child's participation in youth athletics.
Release: In consideration of the Edward M. Armfield, Sr. Civic and Recreation Center, Inc. allowing my child to participate in youth athletics, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Center, and their respective volunteer youth coaches, officials, agents, employees, directors, members, officers, and other staff members from liability to us and our child, as well as personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in ACC athletics, activities, field trips, or the above described sports activities; and do hereby expressly assume the risk or injury associated with participation in said sports activities.
Photographs: Photographs will occasionally be taken of the children during sports activities. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to me or my child. **Parent Initials:** _____
Transportation: Parents are responsible for providing transportation for their child to and from practice sessions and games.
Certification of Child's Fitness and Medical Authorization: I, the undersigned, hereby certify that to the best of my knowledge, my child is physically able to safely participate in the youth athletics for which he or she has been registered.

_____

In addition, I understand that in case of the illness or injury of my child the Center will try to notify me or the emergency contact listed on this form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Center officials or my child's coach to obtain the necessary medical care and/or treatment for my child, including, but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Name of Insurance Company: _____ **Insurance Policy #:** _____

If your child has any allergies, asthmatic conditions or the like which the Center should be aware, please list:

_____

IN WITNESS WHEREOF, I HAVE EXECUTED THIS Permission, Waiver/Release and Medical Certification for with full knowledge of its contents on this the _____ of _____, 201_____.

_____ _____
Parent/Guardian Signature Print Parent/Guardian Name

Please Note: If you are willing to participate as a volunteer in support of this program, please check one (1) or more of the following:
☐ League Director ☐ Coach ☐ Assistant Coach ☐ Referee ☐ Team Mom

_____

For Office Use Only: Date registered: _____/ _____/ _____ Registered By:_____Amount: _____