



Edward M. Armfield, Sr. Civic and Recreation Center, Inc.
Basketball Registration Form

Fees are: \$30.00 for 3-4 yr olds \$55.00 for 1 Player 5-18 yr old; \$100.00 for 2 Players 5-18 yr old; \$135.00 for 3 5-18 yr old; \$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...

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...

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...

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: