



# JPRD Youth Basketball Sports Registration Form

Player's name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Childs Current Grade : \_\_\_\_\_

Birthdate: \_\_\_\_\_ Parents or Guardians: \_\_\_\_\_

Day Time Number: \_\_\_\_\_ Evening Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are there any medical conditions, allergies or any other pertinent information that may limit your child's participation in physical activities: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes Explain: \_\_\_\_\_

**Please check division your child will be eligible for this season (We go by ago on Jan 1<sup>st</sup>)**

\_\_\_\_\_ **Preschool & Below**      \_\_\_\_\_ **K-2nd**      \_\_\_\_\_ **3<sup>rd</sup>-5<sup>th</sup>**      \_\_\_\_\_ **6<sup>th</sup>-8<sup>th</sup>**

**Shirt size (Circle One):**    **YS(4-6)**    **YM(7-8)**    **YL(10-12)**    **YXL(14-16)**    **AS**    **AM**    **AL**    **AXL**

**Player number (If available) 1<sup>st</sup> Choice** \_\_\_\_\_ **2<sup>nd</sup> Choice** \_\_\_\_\_ **3<sup>rd</sup> Choice** \_\_\_\_\_

**Please initial each item below in agreement:**

X \_\_\_\_\_ I understand my child may be scheduled to practice or play on any day or evening.

X \_\_\_\_\_ I understand my child will be placed in the grade league (no playing up or playing down)

X \_\_\_\_\_ I understand that if my child decides to stop playing after the draft has taken place, I will not receive my money back after that point.

X \_\_\_\_\_ I understand that all outside facilities are smoke free campuses and I will ensure that none of my party will break this rule.

X \_\_\_\_\_ I understand that may be entrance fee will be charged per game for spectators.

**Consent/Waiver Agreement:** *I/we consent to our child participating in the Jackson Parks Recreation League. In participating of these events I hereby acknowledge that I/we understand that there are risks of accidents resulting in bodily harm arising out of those events. I/we understand that these activities are planned with the safety of the participants in mind. In case of emergency, accident or illness, if I/we are not present I/we hereby give permission for the coach, representatives or park staff to obtain any medical attention my child may need. I/we will notify the coach immediately of any physical limitations or impairments they may need to know about my child. I/we further acknowledge that my child has the physical ability to perform at full capacity and engage in the activity for which my child is now enrolled. I/we agree to be the party responsible for all medical expenses which are incurred on my behalf. It is understood and agreed that that the Town of Jackson, Mayor, Town Council, Boards, Employees, Volunteers, Umpires and any other agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from participation in these recreational programs. I/we agree any pictures taken may be used for future promotions for the Jackson Parks and Recreation Dept.*

**I have read, agree and understand the above waiver/consent:**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only**

**Cash:** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Birth Certificate Received:** \_\_\_\_\_ **Birth Certificate on File:** \_\_\_\_\_