

**SUMTER COUNTY RECREATION & PARKS
BASKETBALL REGISTRATION**
(Please Print or Type)

Participant's Name _____ Birthdate _____ Male/Female _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ (Mom's or Dad's) E-Mail _____

Parent's Name (Please Print) _____ I will coach _____ I will assist _____

School _____ Grade _____ Shirt Size _____
(Youth S M L XL) (Adult S M L XL XXL)

I would like to sponsor a team _____ If yes, Sponsor's Name _____ Phone _____

PLEASE CHECK APPROPRIATE AGE GROUP AS OF 2/28/2011
(FEES ARE NON-REFUNDABLE)

BASKETBALL

- | | | | |
|--|-------------------|---|-------------------|
| <input type="checkbox"/> Ages 5 & 6 (As of 2/28/2011) | Age _____ \$35.00 | <input type="checkbox"/> Ages 11 & 12 (As of 2/28/2011) | Age _____ \$40.00 |
| <input type="checkbox"/> Ages 7 & 8 (As of 2/28/2011) | Age _____ \$40.00 | <input type="checkbox"/> Ages 13 & 14 (As of 2/28/2011) | Age _____ \$40.00 |
| <input type="checkbox"/> Ages 9 & 10 (As of 2/28/2011) | Age _____ \$40.00 | <input type="checkbox"/> Ages 15 - 17 (As of 2/28/2011) | Age _____ \$40.00 |

PLEASE NOTE: All Participants will be in a draft system. There is no guarantee a participant will get placed on a certain team or with a certain coach. All participants in competitive age divisions will be required to play with their age group. Participants **will not** be allowed to move up or stay down in age divisions.

Insurance Elective

The Sumter County Recreation Department offers REC-1 insurance, a **VOLUNTARY** participant insurance for all of our sports except football. (**Insurance is MANDATORY for Football**)

Fee: \$7.00 youth \$14.00 adult

Coverage Period: March through February

I wish to purchase insurance through Sumter County _____ (initial)

I have previously purchased insurance for the current year (March 10 – February 2011) _____ (initial)

The participant named above is covered by personal insurance and declines purchase of insurance _____ (initial)

Please list any known medical conditions, medications, or allergies. In case of emergency this information may be shared with medical professionals _____

Sumter County Recreation & Parks Release of Liability Form

My signature below gives my approval for the above to participate in any and all league activities during the 2010-11 Basketball Season. I assume all risk and hazard incidental to such participation, **including transportation to and from all activities**; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and person transporting the child to and from activities, for any claim arising out of any injury to the child. I grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the above become ill or injured while participating in league activities away from home or at other times when neither parent/guardian is available to grant authorization of emergency treatment.

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY

Amount Paid\$ _____ Check # _____ Cash _____ Date _____ Employee _____ Recorded in Rec Trac _____

Receipt # _____