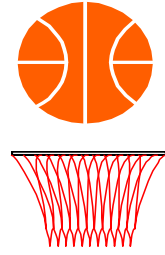# Peach County
Parks & Recreation Department
Registration Form
Youth Basketball

CHILD'S NAME_____AGE (1/1/) **AS OF** _____

STREET ADDRESS_____PHONE: Phone 1 _____

CITY_____ZIP_____   Phone 2 _____

COUNTY <u>CHILD</u> RESIDES IN: _____   EMAIL:_____

IF OTHER THAN PEACH COUNTY RESIDENT:
     Does Legal Guardian own property in Peach County or have a
     Peach County Business License? ___Y___N If so, Property or
     Business Address: _____

DATE OF BIRTH: MONTH_____   DAY_____   YEAR_____   SEX _____M____F

SCHOOL_____GRADE_____

CHOOSE
ONE SIZE

SHIRT SIZE (Circle Only One):

<u>YOUTH</u>   **OR**   <u>ADULT</u>

S	M	L		S	M	L	XL	XXL
6-8	10-12	14-16		34-36	38-40	42-44	46-48	50-52

**If no selection is made, the average size
for your child's age group will be ordered**

HAVE YOU PLAYED ORGANIZED BASKETBALL BEFORE?   Y___N____
DO YOU PLAY OR PLAN TO PLAY IN ANY OTHER BASKETBALL LEAGUE THIS YEAR?   Y___N____
     (You cannot play on any other team while playing Peach County Recreation Ball.)
DO YOU HAVE A BROTHER OR SISTER PLAYING IN THE <u>SAME LEAGUE & AGE GROUP?</u>   Y___N____
     If yes, name(s) and age(s): _____

     We, the parents of the above named child, hereby give our approval for his participation in
the above named activity during the current season. We assume all risks incidental to the
conduct of the activity and transportation to and from the activities. We do hereby release,
absolve and hold harmless the Peach Count Parks and Recreation Department, the organizers of the
activity, sponsors, supervisors, and anyone connected with the program. In case of injury to my
child, I hereby waive all claims against the organizers and supervisors of the activity. We
agree to assume responsibility for any equipment issued to the above named child and see that it
is returned at a time requested by the Parks and Recreation Department.

     I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT.

     "I CERTIFY THAT THE FACTS CONTAINED IN THIS REGISTRATION FORM ARE TRUE AND
COMPLETE TO THE BEST OF MY KNOWLEDGE AND THAT FALSIFIED STATEMENTS ON THIS FORM
WILL RESULT IN DISMISSAL FROM THE PROGRAM AND FORFEITURE OF REGISTRATION FEES."

**I HAVE RECEIVED A COPY OF, READ, AND
AGREE TO ABIDE BY THE
PARENT'S CODE OF ETHICS AND WAIVER/PICTURE AGGREMENT.** initial here _____

HEIGHT: _____

RECEIPT #_____

OKAYED BY_____

FEE: $40   _____
For Office Use only   PARENT OR GUARDIAN SIGNATURE   DATE

IF INTERESTED IN COACHING, ASK FOR APPLICATION