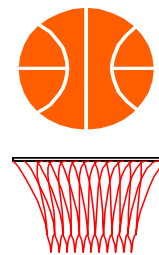


PEACH COUNTY PARKS & RECREATION DEPARTMENT REGISTRATION FORM **Youth Basketball**



CHILD'S NAME _____ AS OF AGE (1/1) _____
STREET ADDRESS _____ PHONE: Phone 1 _____
CITY _____ ZIP _____ Phone 2 _____
COUNTY CHILD RESIDES IN: _____ EMAIL: _____
DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____ SEX _____ M _____ F
SCHOOL _____ GRADE _____

CHOOSE



ONE SIZE

SHIRT SIZE (Circle Only One) :

YOUTH

OR

ADULT

S M L
6-8 10-12 14-16

S M L XL XXL
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 SAME LEAGUE & AGE GROUP? 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 County 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 AGREEMENT.** initial here _____

HEIGHT: _____

RECEIPT # _____

OKAYED BY _____

FEE: \$40

For Office Use only

PARENT OR GUARDIAN SIGNATURE

DATE

IF INTERESTED IN COACHING, ASK FOR APPLICATION

recreation@peachcounty.net