

SPENCER COUNTY PARKS & RECREATION
BASKETBALL REGISTRATION FORM

Name _____ Sex M / F
(Last) (First) (Middle)

Address _____

Age _____ Date of Birth _____ Grade _____

Primary Contact Person _____ Phone _____

Secondary Contact Person _____ Phone _____

Email Address _____

Does your child have any type of medical condition coaches should be aware of? (If so, please explain)

****Please circle the correct shirt size for player.****

YOUTH: Small – Medium – Large ADULT: Small – Medium – Large – X-Large

We ask for participation from all parents in our programs. Please circle the area(s) in which you would be willing to help.

COACH ASST. COACH

=====

In consideration of the participation in the programs offered by Spencer County Parks & Recreation (SCPR),

1. I hereby agree to comply with all rules and regulations and program instructions of SCPR.
2. I hereby acknowledge that participation in athletic competition carries with it potential hazards. I therefore release SCPR and its volunteers, coaches and sponsors of any liability resulting from injury or death during the event and its related activities.
3. I hereby attest that and verify that child is physically fit to participate in this athletic program.
4. I hereby consent for my child to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during SCPR program.
5. I hereby acknowledge that I have sole responsibility for my personal and my child's possession and athletic equipment during the SCPR program and related activity.
6. I hereby agree that in the event the event of a program cancellation due to storm, rain, inclement weather, winds and /or other "Acts of God", my enrollment fee(s) shall be non-refundable.

Signature of Parent or Legal Guardian

Date Signed

Sign-ups will take place on Saturday October 21st and October 28th, 2023 at the Taylorsville Elementary School from 9am – 12pm for K-8. Evaluations will be completed at that time for all children in 2nd - 8th grades. Registration fee of \$90 per child, with \$10 discount for families with more than one child participating in the league.

NO REFUNDS

Make checks payable to SPENCER COUNTY FISCAL COURT

Amount _____ Cash/Check # _____ Date Paid _____ Received by _____
Amount _____ Cash/Check # _____ Date Paid _____ Received by _____