

La Pine Park & Recreation District

YOUTH BASKETBALL REGISTRATION, RELEASE OF MEDICAL INFORMATION AND LIABILITY

PLAYERS NAME: _____

MAILING ADDRESS: Street: _____ City: _____

HOME PHONE: _____ CELL: _____

ATHLETES DATE OF BIRTH: _____

GRADE: _____ SHIRT SIZE (circle one): YM YL YXL AS AM AL

SEX (circle one): MALE FEMALE

TEAM MATE REQUEST: (list the other youth your child would like to play with. We will try to accommodate this as much as possible but cannot guarantee placement).

VOLUNTEERING: I am willing to do the following: Coach my child: _____ Coach any team: _____

For anyone requesting to volunteer, you will need to pass a mandatory background check. Please fill out a coaches application.

EMERGENCY CONTACT: _____

Emergency Contact Home Phone Number: _____

Emergency Contact Cell Number: _____

ALLERGIES: _____

MEDICATIONS: _____

AGREEMENT, WAIVER & RELEASE

AMATEUR ATHLETICS MINOR WAIVER AND RELEASE OF LIABILITY:

I HEREBY REGISTER MY CHILD FOR Youth Basketball through the La Pine Park & Recreation District and authorize the staff and coaches to direct him or her in participation of activities. I know of no mental or physical problems which may affect his or her ability to safely participate in this activity. I authorize the staff or volunteers to attend to any health problem or injury to my child that may occur while participating. I hereby release and hold harmless the Bend-La Pine School District, volunteers of La Pine Park & Recreation District Program, La Pine Park & Recreation District Players, Coaches, Agents and Board of Directors, from any liability that may arise from my child's participation. I acknowledge that I am responsible for any medical expenses due to my child's illness or injury. Signing registration gives LPRD permission to use participants photo.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE. I/WE UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY

Parent or Guardian (Signature/Relationship) DATE _____

PAID: Check #: _____ Cash: _____ Team Placement: _____