



Carolina Beach Parks & Recreation

2019 - 2020 Youth Basketball Registration Form

Participant's Name: _____ Male / Female

Address: _____

City: _____ Zip: _____

Phone #: _____ DOB: _____

Email: _____ Age (As of December 1st, 2019): _____

PLEASE BE AS ACCURATE AS POSSIBLE Height: _____ Weight: _____

Previous Experience: _____ Skill Level 1 - 5 (1 = least & 5 = best): _____

Did the participant play youth basketball at Carolina Beach last year? Yes _____ No _____

If yes, Team Name: _____

Parents, would you be willing to coach a team? Yes _____ No _____

Would you like to Sponsor a team? (\$250 per team) Name of Sponsorship: _____

SHIRT SIZE

Adult: Small: _____ Medium: _____ Large: _____ XL: _____

Child: Small: _____ Medium: _____ Large: _____

PARENTAL PERMISSION

As the parent or legal guardian of, _____, I hereby give my consent for his/her participation in the Town of Carolina Beach Parks and Recreation Sports Activity. I am aware of the risks and hazards inherent in this activity, and in the training and preparations for this activity, and assume all of the risks normally incidental to the nature of this activity, and assume all risks of damage, or injury, including death that may be sustained while participating in this activity. I therefore release any and all rights or claims for damages against the Town of Carolina Beach and all individuals assisting in instruction or conducting these activities, for any and all injuries, loss, or damage suffered by me, at, or in any way connected with these activities. **We do not guarantee any special requests besides siblings on the same team.**

Signature: _____ Relation: _____ Date: _____

Are there any medical conditions or medications that we should be aware of? Yes _____ No _____

If yes, please explain: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation: _____

Phone #: _____ Cell Phone: _____

Office Use Only

Staff Initials: _____ Date Paid: _____ Cash/Credit Card: _____ Check #: _____ Amount: _____