



COPY OF BIRTH CERTIFICATES ARE REQUIRED WITH REGISTRATION FORM.
REGISTRATION DEADLINE: MAY 13, 2012
SEASON: JUNE 1-JULY 31
COST: AGES 4-6, \$35/CHILD; 7-17, \$50/CHILD

Select Facility:

- Blythewood
- Meadowlake
- Caughman Road
- North Springs
- Denny Terrace Gym
- Polo Road
- Eastover
- Trenholm
- Forest Lake
- Friarsgate
- Hopkins

Select Age Group Registering (check one):

- 4-6
- 7-8
- 9-10
- 11-12
- 13-15
- 16-17

Select Short Size (with 9" inseam. check one):

- Youth Small
- Adult Medium
- Youth Medium
- Adult Large
- Youth Large
- Adult X-Large
- Adult Small

Select Jersey Size (check one):*

- Youth Small
- Adult Small
- Adult X-Large
- Youth Medium
- Adult Medium
- Youth Large
- Adult Large

**All participants must wear a 2011-12 NYBL/RCRC Winter Youth Basketball League Jersey during the games.*

**Age group cut-off date: (February 11, 2012 "League Age") For example, if a player turns 13 on or before February 11, 2012, that player's "League Age" is 13 years old and eligible for the 13-14 age group. Child's age on February 11, 2012: _____*

Player: Birth Date: Gender: M F

Email: Parent/Guardian:

Height: Weight: School:

Home Phone: Work Phone: Cell Phone:

Address: City: Zip:

Emergency contact: Relationship:

Home Phone: Work Phone: Cell Phone:

Is there anything we should be aware of regarding your child's health or are there special needs? _____

Were you a member of your school basketball team? YES NO AAU or YBOA? YES NO

School Name: Coach:

Level of Participation: Junior High B-Team Junior Varsity Varsity

Volunteers Needed: Coach Banquet Special Events

WAIVER AND RELEASE (Please read this form carefully):
In signing up and participating in Richland County Recreation Commission programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims against the Richland County Recreation Commission, its officials, agents, volunteers, sponsors and employees that I/my child may have as a result of participating in this program.

*I understand that photographs of my child's participation in this program may be used by the Recreation Commission to promote its events and facilities. I understand these photos may be taken without my receiving compensation and without my granting additional approval. I also agree to abide by the "Parent's Code of Ethics" listed on the back of this registration form. All participants must take part in the Richland County Recreation Commission draft. Participants may play for only one Richland County Park Winter Youth Basketball League. **ALL REFUNDS WILL BE PRORATED ONCE A PLAYER IS PLACED ON A TEAM.***

PRINT PARTICIPANT'S NAME: _____

PARICIPANT'S SIGNATURE: _____ **DATE:** _____

(Parent or guardian must sign for participants under age 18.)

OFFICE USE ONLY

Date Paid: _____ **Location registered at:** _____ **Time:** _____ **Receipt#:** _____ **Fee Paid:** _____

DLN#: _____ **Exp:** _____ **Cash:** _____ **Check#:** _____ **Credit Card#:** _____ **Exp:** _____