

BOYS BASKETBALL APPLICATION

Player/Parent Registration Form

NAME OF PLAYER _____

BIRTH DATE _____ AGE _____ GRADE _____

ADDRESS _____ CITY _____ ZIP _____

NAME OF PARENT OR GUARDIAN _____ E-MAIL _____

HOME TELEPHONE _____ WORK TELEPHONE _____

IF I CANNOT BE REACHED IN CASE OF AN EMERGENCY, NOTIFY _____

_____ PHONE _____

List any pertinent medical information _____

PARENT'S AGREEMENT

- (1) I hereby certify that _____ is in normal health and capable of participating safely in the Boys Basketball Program and has accident and health insurance and Millard Co. Recreation and all other participating agencies are not liable for any accident while participating in or traveling to and from the Boys Basketball Program.
- (2) I hereby authorize the Directors of the Boys Basketball Program to act in my behalf in accordance with their best judgement in case of an emergency.
- (3) I understand the goals and objectives of the Boys Basketball Program are based on fun, fair play, skill development and teamwork.
- (4) I, as a parent or guardian, am willing to participate as a volunteer in support of the Program:
_____ COACH _____ ASSISTANT COACH
- (5) As part of the registration fee, your child will receive 3 Delta High School tickets to Girls or Boys Basketball home games. Coaches will not be responsible to provide transportation for players.

Signature of Parent or Guardian

Date

Circle Jersey Size: YL AS AM AL AXL
(only if needed)