



# GREAT FALLS RECREATION

## Basketball Sign-Up Form



**Cut-off Date: Registration ends November 30<sup>th</sup>, 2023**

### \$30 Registration Fee

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Has your child played basketball before? \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Mailing Address (including city & zip) \_\_\_\_\_

Mother's: Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father's: Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Emergency Contact & Phone Number \_\_\_\_\_

List any medical or physical condition(s) or restrictions (such as asthma):  
\_\_\_\_\_

**Birth Certificate:** All participants must provide a copy of their official birth certificate at the time of registration. Your child will not be able to participate without a copy of his/her birth certificate on file.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to serve as a COACH \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

I would consider coaching if my child's team does not have a coach. Please contact me at \_\_\_\_\_

### WAIVER

1. I hereby certify that my child is in normal health and capable of safe participation in the Great Falls Youth Recreation program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize Great Falls to obtain medical treatment for my child if parents and emergency contact cannot be reached.

2. In return for my child being allowed to participate in the Great Falls Youth Recreation program, I agree to in no way hold the town of Great Falls, their employees, sponsors, or affiliates liable from all present and future claims that may be made by participant, family, or myself. I understand that participation in this program involves certain risks, including but not limited to serious injury. I am voluntarily allowing my child to participate in this program with knowledge of the danger involved and agree to all risk of such participation.

3. I authorize the Great Falls Youth Recreation to take pictures of my child for promotional purposes only. I understand that the photos will not be accompanied by my child's name.

4. As a parent/guardian, I promise to be respectful of the other parents, coaches, officials, and children on both teams. I promise to show sportsmanship and keep in mind that we, as adults, will be setting examples for the children. Failure to sign this pledge may result in termination of my child's sports participation, as will any unacceptable behavior on my part.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

FEE: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ RECEIPT # \_\_\_\_\_