



GREAT FALLS RECREATION

Basketball Sign-Up Form



Cut-off Date: Registration ends November 30th, 2023

\$30 Registration Fee

Name: _____ Nickname: _____

Has your child played basketball before? _____ DOB: _____ Age _____ Grade _____

Shirt Size: _____ Short Size: _____

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: _____

For more information call: Glen Gladden 803-374-8381 • Kevin Sanders 803-379-6994 • Great Falls Town Hall 803-482-2055

Office Use Only

FEE: _____ DATE RECEIVED: _____ RECEIVED BY: _____ RECEIPT # _____