

# Basketball Registration Form 2010

**Registration Fees:** \$40 Lynn Haven Resident; \$49 Non-Resident (please circle your league)

Circle one: <b>9 &amp; under</b>	<b>11 &amp; under</b>	<b>13 &amp; under</b>	<b>15 &amp; under</b>
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The league in which the child will play in is determined by the age of the child on **Aug.31, 2010**  
 Make Checks payable to **City of Lynn Haven.**

**Please print clearly.**

Player's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Complete address: \_\_\_\_\_

E-mail: \_\_\_\_\_ DOB \_\_\_\_\_ Age as of Aug. 31, 2010 \_\_\_\_\_

Did you play here last year? \_\_\_\_\_ If yes, what age group and team? \_\_\_\_\_

If possible, would you like to return to the same team? \_\_\_\_\_ Any siblings in same age group? \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 1 Phone: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Parent 2 Phone: \_\_\_\_\_

Parent: Please check how you are willing to assist: Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Consent and Release Form**

I/We the Parents/Guardians of the above named youth, who is registering to play for the City of Lynn Haven youth sports, hereby give my/our approval for his/her participation in any and all activities of the Lynn Haven Youth Sports during the current season. I/We assume all medical costs, risks and hazards incidental to the conduct of the activities involved with this league. I/We do hereby release, absolve, indemnify, and hold harmless the City of Lynn Haven, the Organizers, Sponsors, Supervisors, Employees, Opponents, or any of the Coaches appointed by them. I/We likewise release from responsibility any person transporting my son or daughter to or from activities. I/We grant the City of Lynn Haven permission to post pictures and the name of our youth on the City of Lynn Haven Sports website ([www.CityofLynnHaven.com](http://www.CityofLynnHaven.com)) or on other media outlets to promote City of Lynn Haven activities.

**Insurance Coverage:** My child is covered by the \_\_\_\_\_ insurance company for all injuries resulting from participation in the basketball program.

**Uniform Size:** We are not responsible for sizing mistakes. The size circled below is the size that will be ordered for your child. If the size is marked wrong, the parent will be responsible for replacement. After uniforms are ordered, no refunds can be issued.

**Jersey: Youth or Adult**

Small            XL  
 Med.            2X  
 Large

**Shorts: Youth or Adult**

XS            XL  
 S            2X  
 M  
 L

I certify that all of the information above is true and correct.

_____ Signature of parent or guardian	_____ Date	_____ Print name
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**Office Use Only**

Base Fee Paid:\$\_\_\_\_ User Fee:\$\_\_\_\_ Insurance:\$\_\_\_\_ Total:\$\_\_\_\_

Date Paid:\_\_\_\_ Check #\_\_\_\_ Receipt #\_\_\_\_ Verified:\_\_\_\_