

Haywood County Recreation and Parks 2016-17 Recreation Basketball League

Office use only	
Pmt	_____
Date	_____ T _____

Returning player? Yes No

PRINT name player is called & as it should appear on certificate:

Birthdate: _____

Age on 8/31/16: _____ M F Grade: _____

School: _____

Mother/Guardian: _____

Phone #: _____

Father/Guardian: _____

Phone or Alternate #: _____

Mailing Address/Zip: _____

Email: _____

Circle to indicate **age group** of your child as of **8/31/16**.

- | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 5 - 6 Coed | <input type="checkbox"/> 7-8 Coed | <input type="checkbox"/> 9-10 Girls |
| <input type="checkbox"/> 9-10 Boys | <input type="checkbox"/> 11-12 Girls | <input type="checkbox"/> 11-12 Boys |

- Older age groups may be combined for coed teams depending on number registered.
- **Ages 9 & up must attend mandatory skills night.**
- Players may be allowed to play up an age group on a case by case basis. Contact office for more information.

Jersey Size: If in doubt, please order the larger size.
Additional fee for reorder.

- | | |
|---|--|
| <input type="checkbox"/> Youth Small (6-8) | <input type="checkbox"/> Adult Small (34-36) |
| <input type="checkbox"/> Youth Medium (10-12) | <input type="checkbox"/> Adult Medium (38-40) |
| <input type="checkbox"/> Youth Large (14-16) | <input type="checkbox"/> Adult Large (42-44) |
| | <input type="checkbox"/> Adult X-Large (46-48) |

Skill Level: *Beginner Intermediate Advanced*

Number of years playing league basketball: _____ Height: _____

Medical conditions: _____

Sibling(s) in the recreation league?

Sibling name(s): _____

Volunteer Coach

Application & background check required.

- Coach (willing to coach alone)
- Co-Coach (willing to coach w/another volunteer)

Name: _____

Phone: _____

Email: _____

WAIVER OF LIABILITY

I, the undersigned, understand and acknowledge that participation in a recreation activity can be hazardous and I realize that no one should enter into a recreation activity unless he or she is medically and physically able to participate. I/we assume all risk associated with this activity including, but not limited to falls, contact with other participants or equipment, effects of weather, equipment failure, and condition of playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could be harmful to a participant. Having read this waiver and in consideration of acceptance of entry into the program, I and any one entitled to act on my behalf waive and release the County of Haywood, the Haywood County Recreation Dept., its employees and volunteers, its co-sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation or my child's participation in this activity. I give permission to the rights of my child's photos/videos to be used for promotional purposes by Haywood County Recreation & Parks.

I have received a copy of the **PARENT GUIDE** and will adhere to the **Code of Ethics**. I will also take responsibility to inform those with me of the Code of Ethics.

Signature: _____

RECEIVED/PAID BY OCT 14th: \$60/\$55 siblings
OCT 28th: \$70/65 siblings

Checks payable to: HC Recreation
63 Elmwood Way, Suite B Waynesville, NC 28786

DEADLINE OCTOBER 28

No Refunds after Oct 28 \$25 Returned Check Fee
Scholarships Available - for more info, contact the office
(828) 452-6789 or recreation@haywoodnc.net