



# BASKETBALL



Age on August 31

**Ages 9/10**

**Ages 11/12**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MOM/Guardian's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

DAD/Guardian's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Cell/Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

If you or any siblings were on a team last season, please provide us with the names of the siblings, coaches & teams, if possible:

\_\_\_\_\_

Names & ages of any siblings playing this season:

\_\_\_\_\_

I hereby give my consent for \_\_\_\_\_ to participate under the rules and regulations of the City of Richland Parks & Recreation. I release the Richland Attendance Center, the Officers, the Booster Club, Coaches, Sponsors, USSSA, Start Smart, MYSA, City of Richland Parks & Recreation and any other duly appointed person(s) from Liability as result of injury while at practice or games sponsored by the City of Richland. I also understand that in the event of a protest concerning my child's legal age, it is my responsibility to furnish the Richland Parks & Recreation with additional proof. As the legal guardian of the above named player, I hereby give my consent for emergency medical treatment to be given under whatever conditions are necessary for life, limb, or well being of my dependent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

### PLAYER UNIFORM ORDER (Please Circle)

**Shirt Size:** Youth: S M L Adult: S M L XL XXL XXXL

**Short Size:** Youth: S M L Adult: S M L XL XXL XXXL

Parent Verification Signature (for uniform sizes) X \_\_\_\_\_

### Payment due upon registration

**Richland Resident \$50**

**Non-Resident \$55**

### (FOR OFFICE USE ONLY)

Birth Certificate: YES NO Cash Amount: Entered By:

Check #: \_\_\_\_\_ \$ \_\_\_\_\_

Notes: \_\_\_\_\_ Credit Card \_\_\_\_\_