

# WATERFORD PARKS AND RECREATION

## 2017 YOUTH BASKETBALL REGISTRATION FORM (SEASON STARTS JAN. 2017)

REGISTER MAY 2 – NOVEMBER 10 (4<sup>th</sup>-6<sup>th</sup> grade), 12/15/16 is the deadline for 3<sup>rd</sup>, 7<sup>th</sup> & 8<sup>th</sup> Grade  
(Nov. 11-17 add \$10.00 late fee & child will be placed on a waiting list if there are no more spots available)

**PLEASE FILL OUT ALL FIELDS AND SIGN LIABILITY WAIVER AT THE BOTTOM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell / Other Phone # \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_ School Child Attends \_\_\_\_\_

Name and phone number of person to contact in case of emergency \_\_\_\_\_

League (Circle one):      **GIRLS LEAGUE**      **BOYS LEAGUE**

Grade Group (circle one):      3<sup>rd</sup>      4<sup>th</sup>      5<sup>th</sup>      6<sup>th</sup>      7<sup>th</sup> (BOYS ONLY)      8<sup>th</sup> (BOYS ONLY)

PLEASE LIST YOUR 2015/2016 COACH IF APPLICABLE \_\_\_\_\_

*Player information is confidential and used for team rosters. Information is not given out to third party without consent by parent or legal guardian.*

FOLLOWING PRICES INCLUDE A JERSEY:

\$75.00 for residents  
\$80.00 for non-residents

FOLLOWING PRICES DO NOT INCLUDE A JERSEY:

\$60.00 for residents  
\$65.00 for non-residents



**Waterford**  
**Parks & Recreation**  
SPORTS

JERSEY SIZE (Please circle if needed):    YOUTH SMALL    YOUTH MEDIUM    YOUTH LARGE  
ADULT SMALL    ADULT MEDIUM    ADULT LARGE    ADULT X-LARGE    ADULT XX-LARGE

Any medical situations we should be aware of? \_\_\_\_\_

Would you be willing to coach your child's team? (Please Circle):      YES      NO

Do you want to be an assistant? (Please Circle):      YES      NO

Coaches and assistants are necessary to run this program! We depend upon PARENTS to fill these positions! I understand and agree that:

My child is NOT guaranteed to be assigned to a specific team with his/her classmates. The assignment of my child to a team is at the discretion of the Waterford Parks & Recreation Department and is FINAL. My child is NOT guaranteed placement on any team if this registration form is received after the registration deadline. NO EXCEPTIONS WILL BE MADE. No refunds will be granted after the FIRST scheduled game

**Payment Method: Check or Credit/ Debit Card (Cash will NOT be accepted for Fax / Mail-In Registration)**

VISA / MASTERCARD / DISCOVER # \_\_\_\_\_

EXP. DATE \_\_\_\_\_

CVV2 CODE \_\_\_\_\_

If paying by credit/debit card a convenience fee will be charged)

### Parental Waiver, Release of Liability, Indemnification and Consent Form

I represent to the Charter Township of Waterford that I am aware of no physical or mental restrictions that would prevent my child from safely participating in any Waterford Parks and Recreation Department.

I acknowledge that these activities are potentially dangerous and involve the risk of injury, death or property damage.

I assume full responsibility of any risk of injury, death, or property damage related to these activities.

In consideration of my child's participation in the program, I agree that my child's likeness may be photographed or videotaped and that such image may be published in any outlet used to promote or publicize the program.

In consideration for my child's participation in the activity or activities, I waive any rights I may have against the Charter Township of Waterford, their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors concerning this activity or these activities, including transportation (if provided by the program) and the use of photographs for promotion as described above. I release and discharge, the Charter Township of Waterford their appointed and elected officials, employees, volunteers, attorneys, assigns, agents and successors of and from all claims debts, attorney fees, costs, actions and causes of action of any kind connected with this activity or these activities.

I acknowledge that I will review the Youth Sports Concussion Information prior to my child's participation in this activity.

NAME OF PARENT/GAURDIAN (PLEASE PRINT) \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

**Waterford Parks and Recreation — 5200 Civic Center Drive, Waterford MI 48329**

**Phone: 248-674-5441 Fax: 248-618-7674 www.waterfordmi.gov/parks**