

2019 YOUTH BASKETBALL ENTRY FORM

Registration December 1- January 18

DEADLINE FRIDAY JANUARY 18

Date _____

___ 6-8 Division ___ 9-11 Division ___ 12-14 Division

FEE:\$50.00

CHILD'S NAME

AGE(As of 8/1/19)

DATE OF BIRTH

PARENT'S NAME (Both)

(Home) TELEPHONE (work)

(Cell) (text)

MAILING ADDRESS

CITY

ZIP

School Attending

Grade Entering

Boy or Girl

WOULD YOU LIKE TO BE A COACH? _____

Do I have a brother/sister playing? _____ Name _____ Age _____

PAID (Cash or check) \$50.00

RECEIPT NO.

Payable to: Brookhaven Recreation Dept Circle size below

T-SHIRT SIZE: (Dri-fit shirts)

Youth X-Small

YOUTH SMALL

Must have 4 teams to make a league.

YOUTH MEDIUM

YOUTH LARGE

YOUTH X-LARGE (only in some colors)

Play in February & March.

ADULT SMALL

ADULT MEDIUM

ADULT LARGE

Sample sizes are available at BRD office.

ADULT X-LARGE

No request. All players are drafted.

OVER

RELEASE BY PARENT OR GUARDIAN

I _____, AM THE NATURAL PARENT AND/OR
PARENT
GUARDIAN OF THE MINOR CHILD _____ WHOSE
CHILD
BIRTHDAY IS child _____.
BIRTHDAY

BY VIRTUE OF AND IN CONSIDERATION OF THE CITY OF BROOKHAVEN AND ITS DEPARTMENT
OF RECREATION ALLOWING MY MINOR CHILD TO PARTICIPATE IN THE FOLLOWING

RECREATIONAL ACTIVITY, TO-WIT: **BASKETBALL**

I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT THE SAID CITY AND
DEPARTMENT WILL PROVIDE NO HEALTH AND ACCIDENT INSURANCE FOR MY
CHILD TO COVER MY CHILD FROM BODILY INJURY HE/SHE MAY SUFFER WHILE
PARTICIPATING IN THE CITY AND DEPARTMENT RECREATIONAL ACTIVITIES.

I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND AGREE TO ITS
TERMS. THE RECREATION DEPARTMENT HAS PERMISSION TO USE ANY PHOTOGRAPHY
DURING THE ACTIVITIY FOR PUBLICITY PURPOSE.

SIGNED _____ DATE _____