

2020 YOUTH BASKETBALL ENTRY FORM

Registration December 1- January 17

DEADLINE FRIDAY JANUARY 17

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:

YOUTH SMALL

Must have 4 teams to make a league.

YOUTH MEDIUM

YOUTH LARGE

League Play February - April.

ADULT SMALL

ADULT MEDIUM

ADULT LARGE

Sample sizes are available at BRD office.

ADULT X-LARGE

No request. All players are drafted.

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 _____