

2023 YOUTH BASKETBALL ENTRY FORM

Registration November 1- February 8

DEADLINE WEDNESDAY FEBRUARY 8

Date _____

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

FEE: \$50.00

CHILD'S NAME

AGE (As of August 1, 22)

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

Jersey Size:

YOUTH SMALL

Must have 4 teams to make a league.

YOUTH MEDIUM

YOUTH LARGE

League Play March - April.

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 _____