



Addison Park District 2017-2018 Youth Basketball Registration Form

(Please Complete Both Sides)



Step 1: Family Information

Family's Last Name:		Player(s) Last Name <i>(only if differs from family)</i>	
Home Address:	City:	Zip:	
Parent/Guardian First Name(s):	Father Cell Phone:	Mother Cell Phone:	
E-Mail Address(es) <i>Please List both Mother and Father email addresses as coaches will use these as a primary form of communication</i>			

Step 2: Player(s) Information

Player First Name (s) #####	Date of Birth M/D/Y #####	Grade Currently Enrolled #####	School ####	Team/Coach Played For	*Special Requests #####	Jersey included in fee YS, YM, YL, AS, AM, AL
Player #1 <input type="checkbox"/> Boy <input type="checkbox"/> Girl First Name:						Jersey Sizes Youth Sizes <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL Adult Sizes <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL
Player #2 <input type="checkbox"/> Boy <input type="checkbox"/> Girl First Name:						Jersey Sizes Youth Sizes <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL Adult Sizes <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL
Player #3 <input type="checkbox"/> Boy <input type="checkbox"/> Girl First Name:						Jersey Size Youth Sizes <input type="checkbox"/> YS <input type="checkbox"/> YM <input type="checkbox"/> YL Adult Sizes <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL

*Special requests will be honored on a case-by-case basis. There are NO guarantees that requests will be honored.

Step 3: Class Codes & Fees

Check Brochure/RecTrac for fees for grade levels

Total # of players registered Pre K – 4th Grades: _____ x Res Fee \$65 or NR Fee \$75 \$ _____
Total amount Due

Class Codes Youth Basketball (Circle all that apply)

Pre K & Kindergarten Boys & Girls	1 st & 2 nd Grade Boys & Girls	3 rd & 4 th Grade Boys	3 rd & 4 th Grade Girls
102217-01 Res-\$65/NR-\$86	102217-02 Res-\$65/NR-\$86	102217-03 Res-\$65/NR-\$86	102217-04 Res-\$65/NR-\$86

Turn Over to Complete Registration Form

Step 4: Questions

Question	Player #1	Player #2	Player #3
What do you believe is your child's athletic ability? 1 = little or no athletic ability 5= very athletic ("X" one)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Has the player played basketball before? (Yes/No)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the player has played before, how many years has the player played?	<input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 3+ yrs	<input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 3+ yrs	<input type="checkbox"/> 1-2 yrs <input type="checkbox"/> 3+ yrs
Do you have any conflicts your coach should be aware of?			
Do you have any medical conditions your coach should be aware of? (Y/N) if Y – please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Step 5: Emergency Contact Information

Please List Other Individuals to Contact in Case of Emergency

1. Name: _____

2. Name: _____

Relation: _____

Relation: _____

Phone # _____

Phone #: _____

Emergency Treatment Release

As a parent and or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me. THIS RELEASE FORM IS COMPLETED AND SIGNED OF MY OWN FREE WILL WITH THE SOLE PURPOSE OF AUTHORIZING TREATMENT UNDER EMERGENCY CIRCUMSTANCES IN MY ABSENCE.

SIGNATURE: _____

DATE: _____

Step 6: Sign Waiver

The Addison Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Addison Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety. Please recognize that the Addison Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the insurance coverage does not make the Addison Park District automatically responsible for the payment of medical expenses. Due to the difficulty and high cost of obtaining insurance, the agency providing liability coverage for the District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death) damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with, or in any way associated with the activities of the program.

I agree to waive and relinquish all claims I or my minor child/ward may have as results of participating in the program against the District and its officers, agents, servants and employees. I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, (including death), damages or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims from injuries, (including death), damages and losses sustained by me or my minor child arising out of, connected with or in any way associated with the activities of the program. In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

SIGNATURE: _____

DATE: _____

Step 7: Volunteer Information

Volunteers are instrumental to the success of the youth basketball program. Please let us know if you are willing to help this season out as a coach or assistant coach.

I am interested in volunteering for the Youth Basketball program as:

Head Coach – Full Name/phone number: _____

Assistant Coach - Full Name/phone number: _____

Best Email - _____