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## BLANDING CITY RECREATION 2020 YOUTH <u>BOYS</u> BASKETBALL REGISTRATION For Boys Grades 3–6 Participation Fee: \$50

Deadline: December 2nd, 2019

Late applications require a \$15 late fee

Name:			Ph.#:		
Address:			Grade:		
Jersey Size (circle one): YOUTH SIZES:		YS	ΥM	YL	
	ADULT SIZES:	AS	AM	AL	AXL
In consideration of being allow activities the undersigned:	red to participate in any way	in the City	of Bland	ding Ath	letics/Sports and related events and
unsafe, they will immediately a parents or legal guardians will and equipment to be used, and authority of such conditions. Acknowledge and fully unders including permanent disability actions, inactions or negligence that there may be other risks not assume all the foregoing risks or death. Intending to be legally bound, organizations, their respective organization, other participants used to conduct the event, all of undersigned, his or her heirs are or damage to property, caused connection with association or programs. In the event that a participant is emergency first aid, medication permission for attending medicand to act on my behalf if I am Further, I understand the City of engaged in sponsored recreation participant or the participant's	advise the supervising author instruct the minor participal if the participants believe at tand that each participant we and death, and severe social to of others, the rules of play of known to us or reasonably and accept personal responsion do hereby release, waive, diadministrators, officers, dires, sponsoring agencies, sponsor of which are hereinafter referred next of kin for any claims or alleged to be caused in we entry in and/or arising out of the control of th	ority of such ant that prior mything is util be engaged and econory foreseeab sibility for escharge and ectors, agent asors, advert red to as "is, demands, while or in post traveling to do so. The eccidental priate medical engage and the ectors are the ectors and the ectors are the ectors and the ectors are the ectors are the ectors and the ectors are the ectors a	n condition to particular to p	ons and recipating, ley will in tivities the swhich of the prer time. It is the session of the prer time of	es on account of injury, including death nee of the releasee or otherwise in and returning from participation in ograms, I hereby authorize any ensed medical personnel. I also give my or other necessary medical documents the coverage for participants while thereage is the responsibility of the
Parent/Guardian Signat	ure:				Date:
YES! I wil	ll coach my child's tea	ım.			

**Contact Info:**