

2018 Youth Basketball & Cheer Registration



Brown County Parks and Recreation

Office use only
Date Rec. _____
Receipt # _____
By: _____ Amt. _____
Cash ___ Ck# _____

Name: _____

Please circle one division: **Basketball** or **Cheer**

Age: _____ DOB: _____ Sex: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Preschool-4th Grade Basketball & K-2nd grade Cheer

REGISTRATION DEADLINE: September 21, 2018

All late registrations will be subject to a \$10 late fee



Please Circle One Shirt Size:
Youth: S M L Adult: S M L XL
CHEERLEADERS CIRCLE ONE SKIRT SIZE:
YOUTH: XS S M L ADULT: S M L XL

COACH YOUR KID(S)!

Coach: _____ Assist. Coach: _____

OR

Sponsor Team (fee \$175.00) _____

**To ensure player safety a background check will be done on all BCPR staff & volunteers*

Practices begin after Fall break.

Games will be held on Sunday afternoons. Space is limited!

To ensure enrollment please include player fee with registration.

Only paid participants with completed forms will be placed on teams!

PLEASE INCLUDE YOUR DRIVERS LICENSE NUMBER ON CHECKS

(Returned Check Fee: \$20)

No Refunds after First Practice - All refunds are subject to a \$2 fee

There will be NO SWITCHING TEAMS after teams have been assigned!

Player Fees:

Pre-K = \$40.00

1st-2nd = \$40.00

3rd-4th = \$45.00

Cheer K-2 = \$40.00

(\$10 discount for each additional child)

LIABILITY RELEASE: I, as a participant or legal guardian representing a minor participant, agree to release the Brown County Parks & Rec., its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in or my/our presence at the above activity(s). I (we) are aware that there are certain risks or possible dangers in participating in this activity. I have entered into this agreement of my own free will.

MEDICAL RELEASE: In case of illness or accident, our permission is given to take the above person to the hospital or doctor's office for medical or surgical attention if needed.

Emergency Contact(if parent cannot be reached): _____

Phone: _____

Picture Release: By signing below I, as a participant or legal guardian representing a minor participant agree to allow BCPR to use pictures taken at events for promotional purposes

Code of Ethics Release: I (we) agree to abide by, follow and comply with the rules, policies, and expectations of the BCPR programs and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute ground for sanctions and/or dismissal of participant from the program.

Physical Limitations (allergies, hearing, sight, etc.): _____

Parent/Guardian Signature: _____

Please read, complete and return with payment to:

Brown County Parks & Recreation
PO Box 299 / 1001 Deer Run Lane
Nashville, IN 47448
Phone: 812-988-5522

Or register on-line @ bcparksrec.com