



2019 Brown County Parks & Recreation Registration

Office use only

Date Rec. _____

Receipt # _____

By: _____ Amt. _____

Cash ___ Ck# _____

Name: _____

Age: _____ DOB: _____ Gender: _____

Years in Program: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Youth Basketball Grades 5-9 & Cheer Grades 3-6

REGISTRATION DEADLINE: Dec. 7, 2018

Season begins in January, Games will be held on Saturdays

**Please Circle One Program Choice:**

Grades 3-6 Cheerleading \$40.00

OR

Grades 5-9 Basketball \$50.00

*(\$10 discount for each additional child)***Please Circle Shirt Size:**

Youth: S M L Adult: S M L XL

CHEERLEADERS, ALSO CIRCLE ONE SKIRT SIZE:

YOUTH: S M L ADULT: S M L XL

Please circle your preferred practice location

Helmsburg Sprunica Van Buren

(Practice location requests not guaranteed)

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: 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: _____

After registration deadline please call for availability.

A \$10.00 late fee per player is applicable.

IF WRITING A CHECK PLEASE INCLUDE YOUR DRIVERS LICENSE NUMBER

Returned Check Fee: \$20.00

*No Refund of Program Fees after First Practice**All refunds are subject to a \$2 fee*

There will be no switching teams after being assigned

****practice locations not guaranteed*****COACH YOUR CHILD'S TEAM!!**

Contact me, I would like to:

Coach: _____ Assist. Coach: _____

Sponsor a Team (fee \$175.00): _____

Name: _____

Email: _____

Phone: _____

Please read, complete, sign form, and

return with payment to:

Brown County Parks & Recreation

PO Box 299 Nashville, IN 47448

Phone: 812-988-5522

Or register online @ bcprparksrec.com