

# City of Winters Youth Basketball

2018-2019 Registration

**Due to City Hall by 5:00PM on November 9, 2018**

Cost: \$50.00\* per child grades K-8

Games are played on Saturdays and Sundays at the High School gym starting sometime in December/January. The coaches will be in contact with you to let you know.

*The goal of the Youth Basketball League is for players to have fun while learning basic skills of basketball and discovering the importance of teamwork.*

## Participant Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Emergency #: (\_\_\_\_) \_\_\_\_\_

E-mail Address (please check for updates): \_\_\_\_\_

Describe Prior Basketball Experience: \_\_\_\_\_

**\*\*Please put T-Shirt Size even if you have a Jersey!**

T-Shirt Size: YS (6-8) \_\_\_\_\_ YM (10-12) \_\_\_\_\_ YL (14-16) \_\_\_\_\_ YXL (16+) \_\_\_\_\_

AS (18) \_\_\_\_\_ AM (20) \_\_\_\_\_ AL (22) \_\_\_\_\_ AXL (24) \_\_\_\_\_ AXXL (26) \_\_\_\_\_

## To Parents & Guardians:

I hereby certify that the above named child is in normal health and is capable of participating safely in the Winters Youth Basketball League. I grant my permission for the above information and will do my best to make this a non-competitive league.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

**\*\$50.00 Participation Fee – Reversible League Jersey Needed**

\_\_\_\_\_

**\*\$40.00 Participation Fee – Returning Player w/League Jersey**

\_\_\_\_\_

**\*\$70.00 Participation Fee – Late Registration after November 9<sup>th</sup> (will be waitlisted)**

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE THE WAIVER OF LIABILITY/MEDICAL RELEASE/ INDEMNIFICATION AGREEMENT ATTACHED.**

**Volunteers are always needed and help is greatly appreciated.**

I would like to participate in the Winters Youth Basketball by volunteering as a:

Coach: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_ Other: \_\_\_\_\_

Name of volunteer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_



**Entity: City of Winters Parks and Recreation**

**Describe Activity: Youth Co-Ed Basketball**

**WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT  
FOR A MINOR PARTICIPANT**

In consideration of the participating minor child being permitted by the above entity to participate in the above described activities, each of us hereby waives, releases and discharges any and all claims and damages for personal injury, death or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity.

Each of us understands and agrees that:

1. this release is intended to discharge in advance the entity, it's officers, employees and agents from, and against, any and all liability, even arising out of the entity's own negligence or carelessness, connected in any way with the participation of the minor child in said activity;
2. the described activity may be of a hazardous, strenuous, and/or physical nature;
3. participation in the described activity may occasionally result in injury, death, or property damage;
4. knowing the risks involved, nevertheless, each of us has requested permission for the minor child to participate in the above described activity;
5. we assume all risks of injury, and to release and hold harmless the above entity, its officers, employees, and agents (even for their own negligence or carelessness);
6. this waiver, release and assumption of risk is to be binding on the heirs and assigns of each of the undersigned;
7. we will indemnify and hold the entity harmless from any loss, liability, damage, or cost or expense, including litigation, which it might incur as a result of any injury and/or property damage which said minor may sustain while participating in said activity;
8. we will make good any loss or damage or cost the above entity may have to pay if any litigation arises on account of any claim made by said minor or by anyone on said minor's behalf;
9. in the event that said minor requires medical or surgical treatment while under the supervision of said entity personnel in connection with the described activity, such supervisor may authorize treatment;
10. we will pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment;
11. we expressly permit said minor child to travel by either private automobile or entity vehicle to activities and events related to the above described activity;

I certify that I have custody, or am the legal guardian of said minor by court order, and that said minor is physically able to participate in the activity set forth above.

I have read this Waiver of Liability, Medical Release, and Indemnification Agreement, and fully understand its contents. I am aware that this is a release of liability, and a contract between myself and the above entity, and that I sign it of my own free will.

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_