SUMTER COUNTY RECREATION & PARKS

2021 - 2022 BASKETBALL REGISTRATION

(Please Print or Type)

Participant's Name_____ Male / Female
Full Name Required: First Middle Last

Birthdate_____

Address_____City_____State_____Zip_____

Primary # (____) _____-_____Secondary # (____) _____-_____ E-Mail _____

Is this a new participant - *Yes / No***. If returning, has any of the information above changed since last year -** *Yes / No*

Parent's Name (Print) _____ I am willing to coach *Y / N* **assist** *Y / N*

School_____ Player's Size: Youth *S * YM * YL* *** Adult** *S * AM * AL * AXL * AXXL*

I would like to sponsor a team *Y / N* **If yes, Sponsor's Name_____ #(____)_____-_____**

PLEASE CHECK APPROPRIATE AGE GROUP

___ Ages 6U	**(As of 9/1/2021)**	**Age____**	**$60.00**
___ Ages 8U	**(As of 9/1/2021)**	**Age____**	**$65.00**
___ Ages 10U	**(As of 9/1/2021)**	**Age____**	**$65.00**
___ Ages 12U	**(As of 9/1/2021)**	**Age____**	**$65.00**
___ Ages 15U	**(As of 9/1/2021)**	**Age____**	**$65.00**
___ Ages 17U	**(As of 9/1/2021)**	**Age____**	**$65.00**

***I FULLY UNDERSTAND ALL FEES ARE NON – REFUNDABLE*:** _____
Parent / Guardian Signature

PLEASE NOTE: All Participants will be in a draft system. There is no guarantee a participant will get placed on a certain team or with a certain coach. Any special request will be given to the coaches on selection day. All participants in competitive age divisions will be required to play with their age group. Participants will not be allowed to stay down in age divisions.

Sumter County Recreation & Parks Release of Liability Form

My signature below gives my approval for the above to participate in any and all league activities during the 2021 - 2022 Basketball Season. I assume all risk and hazard incidental to such participation, **including transportation to and from all activities;** and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and person transporting the child to and from activities, for any claim arising out of any injury to the child. I grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the above become ill or injured while participating in league activities away from home or at other times when neither parent/guardian is available to grant authorization of emergency treatment.

Signature:_____Print Name:_____Date:_____

OFFICE USE ONLY

Amount Paid$_____ Check #_____Cash_____Date_____Employee_____ Recorded in Rec Trac_____

Receipt #_____ Comments _____