SUMTER COUNTY RECREATION & PARKS

2024 SUMMER BASKETBALL REGISTRATION

(Please Print or Type)

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

Birthdate: _____

Address_____**City**_____**State**_____**Zip**_____

Primary #(____)_____-_____Second #(____)_____-_____ (Parent) E-Mail _____

Parent's Name (Print) _____ **I will coach** *Y / N* **I will assist** *Y / N*

School_____ **Player's Size:** *YouthS * YM * YL* ***** *AdultS * AM * AL * AXL * AXXL*

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

PLEASE CHECK APPROPRIATE AGE GROUP

Basketball

___	**6U (5&6)**	**(As of 9/01/2024)**	**Age____**	**$60.00**
___	**8U (7&8)**	**(As of 9/01/2024)**	**Age____**	**$65.00**
___	**10U (9&10)**	**(As of 9/01/2024)**	**Age____**	**$65.00**
___	**12U (11&12)**	**(As of 9/01/2024)**	**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. Failure to attend workouts will result in participant being selected in a blind draft. Siblings within the same age group will be placed on the same team during draft selections. All participants in competitive age divisions will be required to play with their age group. Participants will not be allowed to move up or stay down in age divisions.

List any known medical conditions, medications, or allergies. In case of emergency this information may be shared with medical professionals_____

SIBLINGS: _____
NAME **AGE GROUP**

Sumter County Recreation & Parks Release of Liability Form

My signature below gives my approval for the above to participate in all league activities during the 2024 Summer 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_____ Credit Card_____ Date_____

Employee_____ Rec Trac_____ Receipt #_____ Comments _____