



# WINTER BASKETBALL CLINIC REGISTRATION FORM

OPEN TO CHILDREN AGES 4-6 AS OF NOV. 1, 2017

Player Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age as of 11/1/17: \_\_\_\_\_

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

T-Shirt Size (please circle a size): YS YM YL AS AM AL

Grade: \_\_\_\_\_ Did your child participate in the clinic last year?: \_\_\_\_\_

Any Medical Concerns We Should Be Aware Of: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Parents Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Best Way to Contact: Phone \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_ (please check all that apply)

**LIABILITY WAIVER:** As the parent (legal guardian) of the above named minor, I grant permission for this minor to participate in all activities of this sports program. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and I do hold harmless the Ranson Parks & Recreation Commission, the Ranson Parks & Recreation Basketball League Program, coaches, assistant coaches, and any and all other volunteers, organizers, supervisors, participants, and persons transporting my child to and from activities, for any claims arising out of injury to my child except to the extent and in the amount covered by the accident or liability insurance carried by such person. \_\_\_\_\_ **Initial if you agree**

**MEDICAL RELEASE:** I further grant permission for emergency first-aid to be given to my child in case of injury. If deemed necessary, I grant permission for my child to be taken to the emergency room of a nearby hospital and its staff has my authorization to provide treatment which a physician deems reasonably necessary for the well-being of my child.

\_\_\_\_\_ **Initial if you agree**

**PHOTO RELEASE:** I also grant permission for Ranson Parks & Recreation to use images or videos of my child participating in the basketball league for advertising purposes on the City's website, event displays, flyers, etc.

\_\_\_\_\_ **Initial if you agree**

**REFUND POLICY:** Ranson Parks & Recreation will give full refunds only for programs/leagues we are unable to offer or if you request a refund prior to the season start.

**GENERAL INFORMATION:** All applications must be accompanied by a registration fee of \$50 for the first child and \$40 for each additional child living in the same household. Applications must be received by December 20, 2017. Clinics will take place on Wednesdays from 6PM to 7PM beginning January 3<sup>rd</sup> through February 28<sup>th</sup>. If there is a change, you will be notified as soon as possible.

**I have read and understand the above waivers, releases, tryout/draft information, refund policy, and general information. (Please be sure to initial in the designated spaces above if you agree.)**

Signature \_\_\_\_\_ Date \_\_\_\_\_