



## BASKETBALL REGISTRATION

### Player Information (Please Print)

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Primary Phone: \_\_\_\_\_ Alt: \_\_\_\_\_

Division (Mark only one)

Pee-Wee 4-6y Div     6-9y Div     9-11y Div     11-14y Di

**\*\*\* No team or coach requests will be honored.**

Shirt Size: (Mark only one)

YS     YM     YL     AS     AM     AL     AXL     A2XL    Y=youth    A= Adult

### Parent/Guardian Information

Mothers First Name: \_\_\_\_\_ Last: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Alt: \_\_\_\_\_

Mothers Email: \_\_\_\_\_

Able to receive text messages?  Yes  No    Does the child live with you?  Yes  No

Fathers First Name: \_\_\_\_\_ Last: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Alt: \_\_\_\_\_

Fathers Email: \_\_\_\_\_

Able to receive text messages?  Yes  No    Does the child live with you?  Yes  No

Notes/Special Instructions:

**Emergency Contact: (Someone other than parent or guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**FEE CHART - NO REFUNDS**

#Of Players	Fee	Fundraiser Only	Fee & Fundraiser	# of Players	Fee	Fundraiser Only	Fee & Fundraiser
1-(4-6y)	\$30	10 Items	5 Items & \$15.00	2 Older	\$80	40 Items	20 Items & \$40.00
2-(4-6y)	\$50	20 Items	10 Items & \$30.00	3 Older	\$125	60 Items	30 Items & \$65.00
3-(4-6y)	\$80	30 items	15 Items & \$45.00	4 Older	\$160	80 Items	40 Items & \$80.00
1-(4-6y) & 1 Older	\$65	30 Items	15 Items & \$45.00	5 Older	\$190	100 Items	50 Items & \$95.00
2-4-6y & 1 older	\$95	40 Items	20 Items & \$55.00				
2-(4-6y) & 2 Older	\$140	60 Items	30 Items & \$100.00				
1 Older	\$45	20 Items	10 Items & \$25.00				

I, parent/guardian of \_\_\_\_\_, acknowledge, agree and understand that my child will be involved in a recreational program. I understand that will involve physical activities and the playing of games. Completely understanding that could possibly result in physical injury. I agree to assume, on behalf of my child, all risks of injury incurred or suffered while involved in any activity conducted, sponsored or endorsed by the Carrollton Recreation Department. I agree not to sue the township, it's board members, volunteers or anyone connected with this recreation program for any claim, damage, cost or cause of action which I or my child may have as a result of injuries or damages sustained or incurred while my child is a participant in any such recreation program.

I have read the above agreement, understand them and agree to abide by them. I also agree, acknowledge and understand that there may be pictures of my child or myself posted on the Carrollton Township Recreation Facebook page(s).

I agree to abide by the Carrollton Township Sportsmanlike Conduct Ordinance (Sec.30-160) which if violated, may result in a municipal civil infraction ticket and/or removal from any sporting events sponsored by the Carrollton Township Recreation Department.

Parent/Guardian (Printed Name): \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_ Date \_\_\_\_\_