



### Basketball Registration

#### Player Information (please print)

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

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Male Female Sibling in program? Y N

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

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

Shirt Size: YS YM YL AS AM AL AXL \_\_\_\_\_ Y= youth A=adult

**Division (circle one):** 3-6y 6-9y 9-11y 11-14y

**PLEASE NOTE:** If your child is 6, 9 or 11 years old – please choose the division based on skill level/experience

**\*\*\*All Teams will be Coed\*\*\***

#### Parent Guardian Information (Please print)

Mother's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

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

Email: \_\_\_\_\_ Can you receive text messages? Y N

Does player reside with you? Y N

Father's First Name: \_\_\_\_\_ Last: \_\_\_\_\_

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

Email: \_\_\_\_\_ Can you receive text messages? Y N

Does player reside with you? Y N

#### Emergency Contact (Please print)

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

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

**Registration Fee Chart- Sorry No Refunds**

<b># of players</b>	<b>Pay Only</b>	<b>Fundraiser Only</b>	<b>Fundraiser &amp; Partial Pay</b>
1 Player	\$65	17 items	9 items & \$32.00
2 Players	\$125	32 items	16 items & \$62.00
3 Players	\$185	47 items	24 items & \$92.00

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 \_\_\_\_\_

**Carrollton Township Recreation Department  
COVID-19 PANDEMIC PLAYER CONSENT FORM**

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Carrollton Township Recreation Department has put in place preventative measures to reduce the spread of COVID-19; however, Carrollton Township Recreation Department cannot guarantee that you or your child(ren) will not become exposed or infected with COVID-19.

I confirm that at any time during our current season, I will not attend any practices, games, or events if I am presenting with any of the following symptoms of COVID-19 listed here:

Fever, Shortness of Breath, Loss of Sense of Taste or Smell, Dry Cough, Runny Nose, Sore Throat

Initial: \_\_\_\_\_

I confirm that at any time during the current season if I am diagnosed or exposed to a positive COVID-19 case, that I will immediately report it to my teams coach.

Initial: \_\_\_\_\_

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending any related events and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at any Carrollton Township Recreation events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the department employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at these events. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Carrollton Township Recreation Department, its employees or volunteers, of any Claims brought about. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the department, its employees and volunteers, whether a COVID-19 infection occurs before, during, or after participation in any departments program.

\_\_\_\_\_  
Signature of Parent/Guardian

Print Name of Player \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_