

SMITHFIELD PARKS & RECREATION DEPARTMENT

YOUTH BASKETBALL



Registration:

SEPTEMBER 12—OCTOBER 21

BOYS / AGES 5 — 15

GIRLS / AGES 5 — 12

(Age as of 12/31/16 determines playing age.)

Cost:

\$40 for Smithfield Residents

\$88 for Non-Smithfield Residents

Practices will begin mid-late November, Games in January

(All fees due by 10/31. A late fee of \$10 will be added if payment received AFTER 10/31.) You are not completely registered until registration paid.

2016-2017 YOUTH BASKETBALL REGISTRATION FORM

(Please Print)

PLAYERS NAME: _____ AGE (as of 12/31/16): _____ BIRTHDATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: DAY _____ EVENING _____

PARENT'S NAME: _____

RESIDENT: YES NO EMAIL ADDRESS: _____

(Smithfield Residents are defined as residing within the Incorporated City Limits of the Town of Smithfield. WE WILL VERIFY YOUR RESIDENCY and may need to see your Drivers License.)

SEX: M F SHIRT SIZE: YS YM YL AS AM AL AXL AXXL

AS A PARENT OF THE ABOVE NAMED CHILD, I UNDERSTAND THAT IN SPORTS ACTIVITIES THERE ARE INCIDENTS OF ACCIDENTS AND INJURY. I ALLOW MY CHILD TO PARTICIPATE VOLUNTARILY IN THESE ACTIVITIES. I HAVE READ THIS AGREEMENT AND UNDERSTAND IT'S CONTENTS. I RELEASE AND AGREE TO HOLD HARMLESS SMITHFIELD PARKS AND RECREATION DEPARTMENT AND ITS AGENTS FROM ANY CLAIMS ARISING OUT OF INJURY TO MY CHILD.

PARENT'S SIGNATURE: _____ DATE: _____

*Return to: Smithfield Parks & Recreation; (located in SRAC—600 Booker Dairy Road); P. O. Box 2344; Smithfield, NC 27577
(Fax 934-6554)*

Please circle if you or your spouse are interested in coaching: **HEAD COACH ASSISTANT COACH**

OFFICE USE ONLY: CHECK # _____ CASH \$ _____ CREDIT CARD _____ AMT PAID \$ _____

RECEIVED BY _____ RECEIPT NO. _____