



Town of Oakboro Parks and Recreation

Youth Basketball Signup Form

Participant's Name _____ Male/Female _____

Grade Level (please circle) Kindergarten 1st 2nd 3rd 4th 5th

Date of Birth _____ Address _____

City _____ State _____ Zip _____

Parent/Legal Guardian's Name _____

Home Phone _____ Cell Phone _____

E-mail Address _____

IN CASE OF EMERGENCY

Parent/Guardian Contact #1

Parent/Guardian Contact #2

Name _____

Name _____

Relationship to participant _____

Relationship to participant _____

Address _____

Address _____

Home # _____

Home # _____

Cell # _____

Cell # _____

Participant's Allergies _____

Participant's Medical Conditions _____

WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for _____ (participant's name) to participate in youth basketball. I will not hold the Town of Oakboro and/or its employees or any representative of the Oakboro Youth Athletic Club responsible in the case of accident or injury as a result of this participation.

Parent/Legal Guardian Signature _____ Date _____

FOR OFFICE USE ONLY
Amount Paid \$ _____ () Cash () Check Received by _____ Date _____