



Participant's Name: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Grade Level: Kindergarten 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_  
Street or Box City/State/Zip

E-Mail Address (REQUIRED): \_\_\_\_\_

Jersey/Shirt Size: YOUTH - S M L XL ADULT - S M L XL

Has your child ever participated in organized basketball before? Yes No If yes, how many years? \_\_\_\_\_

Does your child presently take any medications or have any type of physical condition that the coach should be aware of? Yes No

If Yes, Describe \_\_\_\_\_

**Waiver of Liability Release Form/Statement:**

(Name of Child): \_\_\_\_\_ (the registrant) has my permission to participate in the Town of Oakboro Parks and Recreation Basketball Program. I agree to abide by the rules applicable to this program. Recognizing the possibility of physical injury and illness (ex: communicable diseases including Covid-19, etc.) associated with participation in sports, I hereby release, discharge and/or otherwise indemnify the Town of Oakboro, the Town of Oakboro Parks and Recreation Department, any affiliated organizations and sponsors, their employees and associated personnel (including owners of facilities utilized for the program), and volunteer coaches against any claim by or on behalf of the Registrants as a result of his/her participation in the program. I understand that participation in basketball requires that my child be in sound physical condition, and I assume responsibility for his/her condition. In addition, in my absence I do hereby authorize the coaches or designated adults of the registrant's team, if after reasonable attempt has been made to reach a parent or guardian (or if sound medical practice decrees that there is not time to make such an attempt) to consent to any medical treatment or examination deemed necessary by a licensed qualified physician. **I HAVE READ THIS RELEASE AND FREELY/VOLUNTARILY SIGN IT.**

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

[Volunteers are NEEDED and APPRECIATED!!!](#) Please check any area in which you would be willing to help.

**COACH or ASSISTANT COACH (Background Check Required)**

**\$80.00 Fee** - Due by October 31st.

Forms/fees can be dropped off at Oakboro Town Hall or mailed to Town of Oakboro, PO Box 610, Oakboro, NC 28129.  
Any questions - contact Daniel Smith at [dsmith@oakboro.com](mailto:dsmith@oakboro.com).

Late registrations will be charged a \$20 late fee and are not guaranteed.

Office Use Only: Check \_\_\_\_\_ Cash \_\_\_\_\_ Card \_\_\_\_\_