



**YOUTH BASKETBALL REGISTRATION FORM:**

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

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

Parent/Guardian's Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_

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

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

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

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 associated with participation in sports, I hereby release, discharge and/or otherwise indemnify Town of Oakboro Parks and Recreation and any affiliated organizations and sponsors, their employees and associated personnel (including owners of fields and facilities utilized for the program) against any claim by or on behalf of the Registrants as a result of his/her participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

I further release, discharge, and agree to hold harmless and indemnify the coaches of the Registrant's team from any and all liability, claims, or demands arising from participation in the basketball program, specifically to include any and all claims for personal injuries sustained while present or participating in said program or traveling to or from events in said program or while on trips sponsored by or in conjunction with said 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.

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

Volunteers are APPRECIATED!!! Please circle any area in which you would be willing to help.  
Without parent support, the program would not be successful.

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

Stop by Oakboro Town Hall or mail completed form and \$70.00 fee on/before November 2<sup>nd</sup> to:

Town of Oakboro  
PO Box 610  
Oakboro, NC 28129

**After November 2<sup>nd</sup>, the fee will be \$80.00.**  
*Any questions, contact Josh Almond at [jalmond@oakboro.com](mailto:jalmond@oakboro.com)*

Check # \_\_\_\_\_ Cash \_\_\_\_\_