BETHANY PARKS AND RECREATION

REGISTRATION FORM

No t-shirts for Basketball Clinic & Mini camps

PLAYER NAME_____ BIRTHDATE_____ SEX: M or F
GRADE IN 2016-2017_____ SHIRT SIZE: Youth: 6-8 10-12 14-16 Adult: S M L XL XXL
ADDRESS: _____
Street City State Zip
FATHER'S INFORMATION
NAME_____ CONTACT#_____ EMAIL_____
MOTHER'S INFORMATION
NAME_____ CONTACT#_____ EMAIL_____
ALTERNATE CONTACT
NAME_____ CONTACT#_____ RELATIONSHIP_____
Please check the activity of choice:

_____Elementary Basketball Clinic ($15)	_____Soccer ($35)
_____Winter Basketball League ($35)	_____Football ($75 + $50 deposit)
_____Summer Basketball League ($35)	_____Flag Football ($35)
Team Name_____	_____Cheerleading ($35 + $50 deposit)
Coach Name_____	_____ Kids After School Wellness Mini Camp ($15)

PLAYER WAIVER & PHOTO RELEASE

Players participate at their own risk. We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Parks and Recreation Department, City of Bethany, South Harrison High School, officials, and employees from any claim arising out of any injury or loss or personal property while participating in the program. We hereby accept full responsibility for our behavior and participation. Any unsportsmanlike behavior on the part of the child, parent, or guest, as outlined in the Code of Conduct Policy, will result in removal from the facility. Players will not be allowed to play until this waiver is returned, signed by the player and parent.

I, _____, Hereby grant the City of Bethany, his/her legal representatives and assigns (including but not limited to), clients, publications and agencies, irrevocable permission to publish in any manner, including (but not limited to) internet web publications and/or pages, calendars, advertisements, periodicals, and greeting cards. I will hold harmless the aforementioned photographer and his/her legal assigns and representatives, from any liability by virtue of distortion or alteration, unless it can be proven that such alterations and/or distortions were done with malicious intent.

I do attest that I am the parent or legal guardian of the above named minor child, and have legal authority to sign this release on his/her behalf. I have read and fully understand the contents of this release, and consent to the use of said photographs based on the contents thereof.

PARENT SIGNATURE_____ DATE_____

Make checks payable to the Bethany Parks and Recreation Department

FOR GYM USE ONLY

DATE PAID_____ AMOUNT_____ CHECK NUMBER_____