

CITY OF FOLEY BASKETBALL REGISTRATION 2017/2018

October 25th – November 8th

Register by November 3rd to receive a \$5 discount

BIRTH CERTIFICATE COPY MUST BE PROVIDED IF NOT ALREADY ON FILE

PAYMENT DUE AT TIME OF REGISTRATION

PLAYER'S NAME: _____ SEX (circle): M F
(As it appears on birth certificate)

NAME AS IT SHOULD APPEAR ON TROPHY: _____

ADDRESS: _____ CITY: _____ ZIP: _____

Check one: Inside City Limits: _____ Inside Police Jurisdiction: _____ Outside Police Jurisdiction: _____

Date of Birth: ___/___/___ Age on September 1, 2017: _____ Years Played: _____

Home Phone: _____ Cell: _____ Email Address: _____

If interested, please circle one: COACH ASST. COACH TEAM SPONSOR: _____

AGE GROUP (Based on age as of September 1, 2017)

PLEASE CIRCLE

6 & Under Coed (ages 4, 5, 6) \$55

Girls 8 & Under (ages 7 & 8) \$60

Girls 10 & Under (ages 9 & 10) \$60

Girls 12 & Under (ages 11 & 12) \$60

Boys 8 & Under (ages 7 & 8) \$60

Boys 10 & Under (ages 9 & 10) \$60

Boys 12 & Under (ages 11 & 12) \$60

Boys 14 & Under (ages 13 & 14) \$60

PLEASE CIRCLE ONE SHIRT AND ONE PANT SIZE

<u>SHIRT</u>	Youth S (6-8)	Youth M (10-12)	Youth L (14-16)	Adult S	Adult M	Adult L	Adult XL	Adult XXL
<u>PANTS</u>	Youth S (6-8)	Youth M (10-12)	Youth L (14-16)	Adult S	Adult M	Adult L	Adult XL	Adult XXL

Parent's initials to confirm sizes _____

Please list any medical conditions that the coaches need to be aware of: _____

Parental/Guardian Release Agreement

I do certify that I have knowledge of my child's physical condition and state of health and give my permission for my child, as identified above, to engage in the basketball program sponsored by City of Foley Recreation Program. I do further certify that my child has no physical defects, disease, or other disability that may in any way jeopardize his/her health or physical condition if he/she is allowed to take an active part in this basketball program. I hereby agree to indemnify and hold harmless the members of City of Foley Recreation Program, Volunteers, Officials, Coaches, and any Other Person affiliated with City of Foley Recreation Program or the City of Foley for any injury, accident, or mishap that may befall my child while participating in any phase or aspect of the City of Foley Recreation Programs, or while being transported to or from clinics, games, and practices. I give my permission for my child to participate as a member of the team to which he/she is assigned. I also certify that the date of birth listed above is correct.

The undersigned has read and understands all of this document as evidenced by his/her signature

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Print Name: _____

PLEASE READ AND SIGN THE PARENT CODE OF CONDUCT ON THE OPPOSITE PAGE

Parental Code of Conduct

I will provide positive support, care, and encouragement for my child participating in youth sports.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game and practice.

I will place the emotional and physical well-being of my child ahead of my personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol, and I will refrain from their use at all City of Foley events.

I will inform the coach of all injuries, special medical conditions (such as asthma), or extenuating circumstances (such as a family crisis) that may affect the player.

I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.

I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching, or providing transportation.

I will be sure that my child is available for most practices and games. If I know my child is unable to attend a practice or game, I will give the coach advance notice to enable proper planning.

I will explain this code of conduct to all fans who I invite to the game to ensure that they are aware of the Parent Code of Conduct.

Signature

Date

Printed Name

OFFICE USE ONLY

Amount Paid: \$ _____

Cash or Check #: _____

Receipt #: _____

Employees Initials