

**FRANKFORT PARK DISTRICT
YOUTH BASKETBALL LEAGUE FORM**

PLEASE CIRCLE ONE:

<u>BOYS YOUTH BASKETBALL LEAGUE</u>	<u>GIRLS YOUTH BASKETBALL LEAGUE</u>
3 rd -4 th Grade Boys	3 rd -4 th Grade Girls
5 th -6 th Grade Boys	5 th -8 th Grade Girls
7 th -8 th Grade Boys	

Location: Hickory Creek, Chelsea,
Grand Prairie or Founders Center
Days: **Practice:** Tuesday & **Games:** Saturday
Dates: December 6 - March 11
Time: To be announced
Fee: \$129/NR\$134
(\$5 off additional Siblings)
REGISTRATION DEADLINE: NOVEMBER 9TH

Team rosters, practice and game schedules along with rules for the league will be available to the Head Coach and will be distributed at the Coaches Meeting (Date TBA). Coaches will be in contact 1 week prior to season starting

NAME: LAST _____ **FIRST** _____ **M OR F** _____
PARENT'S NAME - FIRST AND LAST (MOM) _____ **(DAD)** _____
ADDRESS: _____ **CITY** _____ **ZIP** _____
HOME PHONE: _____ **CELL PHONE:** _____ **E-MAIL** _____
SHIRT SIZE 10/12 14/16 AS AM AL AXL AXXL



BASKETBALL LEAGUE: PLEASE FILL OUT APPROPRIATE INFORMATION
BIRTHDATE ____/____/____ **GRADE** _____ (AS OF SEPTEMBER, 2016)
HOW MUCH BASKETBALL EXPERIENCE DO YOU HAVE? _____
DID YOU PLAY IN THE PARK DISTRICT BASKETBALL LEAGUE LAST YEAR? _____
DO YOU PLAY ON THE SCHOOL'S BASKETBALL TEAM? Y OR N **IF YES, HOW MANY YEARS?** _____
IS THERE ANY PHYSICAL PROBLEM THAT THE PLAYER'S COACH SHOULD BE AWARE OF? Y OR N
IF SO, PLEASE EXPLAIN _____
VOLUNTEERS: COACH _____ **ASSISTANT COACH** _____

PLEASE READ CAREFULLY

Please be aware that, in signing up and participating in Frankfort Park District programs, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other named participants might sustain. The terms "I", "me", and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

As a participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages of loss, which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I hereby grant authority to the Frankfort Park District and the teacher/instructor supervising an event to obtain a paramedic to give emergency treatment to my child or obtain ambulance services for my child when it is deemed necessary. I also give permission to the selected paramedic/physician to treat my child as requested by the Frankfort Park District in the event that I cannot be reached. I am aware that any expenses incurred for any of the above services will not be the responsibility of the Frankfort Park District.

I agree to waive and relinquish any and all claims I may have as a result of participating in these programs against the Frankfort Park District, any and all participating cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons entities, or whatever nature, might be directly or indirectly liable for a n injuries that I might sustain while participating in these programs. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of this Agreement.)

I do hereby fully release and discharge the Frankfort Park District and any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of my participation in these programs.

I further agree to indemnify, hold harmless and defend the Frankfort Park District and any and all other released parties, from any and all claims resulting from injuries, damages and losses sustained by anyone, and arising out of, connection with, or in any way associated with my conduct and the activities of these programs.

I further understand and agree that the terms such as "participation", "programs", and "activities", referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in these programs and further include the provision of or failure to provide proper instructions of supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities, or premises involved in these programs, and transportation to any from any events.

I understand the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless the nature of these programs for which I am registering, and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warning of the particular risks of these programs that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

CANCELLATION AND REFUND POLICY: REFUNDS OF 100% WILL BE MADE, LESS \$5.00 SERVICE CHARGE, IF NOTIFIED AT LEAST 2 WORKING DAYS PRIOR TO THE START OF THE PROGRAM. A 50% REFUND WILL BE GIVEN IF NOTIFIED PRIOR TO THE SECOND COURSE MEETING. THERE WILL BE NO REFUNDS GIVEN FOR A ONE DAY PROGRAM, TRIP, OR EVENT, FULL REFUNDS WILL BE GRANTED WITHOUT PENALTY FOR CANCELLATION INITIATED BY THE PARK DISTRICT OR AN INJURY OR ILLNESS WITH A DOCTOR'S NOTE. There are No Refunds on Leagues once the teams/schedules are made. NO EXCEPTIONS WILL BE MADE!!

NSF RETURNED CHECK POLICY: FOR ANY CHECK RETURNED TO THE PARK DISTRICT FOR NON-SUFFICIENT FUNDS, THE ISSUER MUST PAY WITH CASH TO COVER THE CHECK, PAY ANY BANK CHARGES AND FEES, AND PAY A \$25 SURCHARGE TO THE PARK DISTRICT.

X Mandatory signature of participant, parent or legal guardian

Date