FRANKFORT PARK DISTRICT
YOUTH BASKETBALL LEAGUE REGISTRATION FORM

Our Youth Basketball League is created for boys and girls entering 1st-8th grades. This League is designed for participants to learn and utilize the fundamental skills of basketball in game situations. Each team will be led by a volunteer coach, who will provide instruction on basic basketball fundamentals, while creating a fun and positive teaching environment. In addition to the focus of basketball skills development, our program offers children the opportunity to interact with both peers and coaches, learn good sportsmanship and how to work as part of a team. **Please bring a basketball to each practice. Each player will receive a jersey.**

Please Note: Player requests (aside from siblings) will NOT be honored, in our efforts to keep teams random. Grades 1st-2nd and 3rd-4th will have no score keeping or playoffs. Grades 5th-6th and 7th-8th will keep score and will have playoffs. All grade levels will prioritize player/skill development over winning games in this league.

REGISTRATION DEADLINE: November 6 (based on availability). NO refunds will be given after the registration deadline. A $15 late fee will be charged if registered after November 6 (based on availability)

Grade	Location	Practice Day	Game Day*	Dates	Fee
1st – 2nd Co-Ed	Grand Prairie	Thursday	Saturday	December 4 – March 7	$150/$155
3rd – 4th Co-Ed	Grand Prairie	Tuesday	Saturday	December 2 – March 7	$150/$155
5th – 6th Co-Ed	Chelsea Intermediate	Tuesday	Saturday	December 2 – March 14	$160/$165
7th – 8th Boys	Chelsea Intermediate	Thursday	Saturday	December 4 – March 14	$160/$165
7th – 8th Girls	Chelsea Intermediate	Thursday	Saturday	December 4 – March 14	$160/$165

Games will begin on Saturday, January 17. Game locations will vary and will be noted on the schedule that will be available in early January.

Team rosters and practice schedules along with rules for the league will be available to the Head Coach and will be distributed at the Coaches Meeting on November 17 at 6:30pm

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NAME: LAST_____**FIRST**_____ ☐ **M OR** ☐ **F**

PARENT'S NAME – FIRST AND LAST

(MOM)_____**(DAD)**_____

ADDRESS:_____**CITY**_____**ZIP**_____

PRIMARY PHONE:_____**E-MAIL**_____

SHIRT SIZE ☐ **YS** ☐ **YM** ☐ **YL** ☐ **AS** ☐ **AM** ☐ **AL** ☐ **AXL** ☐ **AXXL**

BASKETBALL LEAGUE: PLEASE FILL OUT APPROPRIATE INFORMATION

BIRTHDATE ____/_____/_____ **AGE**_____ **GRADE**_____ **(AS OF SEPTEMBER, 2025)**

HEIGHT _____ **YEARS OF EXPERIENCE**_____

DID YOU PLAY IN THE PARK DISTRICT BASKETBALL LEAGUE PREVIOUS SEASON? _____

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_____

VOLUNTEER COACH

WOULD YOU LIKE TO VOLUNTEER COACH? ☐ **YES OR** ☐ **NO**

IF YES, PLEASE CIRCLE: ☐ **HEAD COACH** ☐ **ASSISTANT COACH** **SHIRT SIZE**_____

COACH NAME: _____ **COACH CELL:**_____

COACH EMAIL:_____

(OVER)

Please indicate your choice of payment: ☐ Check ☐ Cash ☐ Credit Card

____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Account Number - must complete when using Visa, MasterCard , Discover or American Express

Cardholder Name_____ Exp. Date_____ Security Code_____

Authorized Signature_____ Charge Amount_____

Must have signature to be processed

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 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 full 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: The Frankfort Park District cancellation and refund policy can be viewed at www.frankfortparks.org

NSF RETURNED PAYMENT POLICY: For any payment returned to the Park District for non-sufficient funds, the issuer will be charged $25 to cover bank charges and fee surcharge to the Park District per transaction.

X Mandatory signature of participant, parent or legal guardian **Date**