www.redbaysports.com

Red Bay Youth Basketball 2017-2018

Mail or Bring Completed Form before 4:00pm October 27 2017 **Late Deadline is November 3, 2017**

Red Bay Youth Basketball P O Box 2002 Red Bay, AL 35582 Late Fee$10.00 per player

Please Print All Information

Players Name: _____ Sex M ☐ F ☐ Date of Birth: ____/____/____ Age: _____

Last First MI

Height: _____Weight: _____ Years played in league: _____

Address: _____ Zip: _____

Age at September 1, 2017

☐ 5 & 6 yr old Co-ed

☐ 8 under Girls ☐ 8 under Boys

☐ 10 under Girls ☐ 10 under Boys

☐ 12 under Girls ☐ 12 under Boys

Phone: _____ Current School Attending: _____

Brother or Sisters Registered to play 1) _____ 2) _____ 3)_____

Father: _____ Cell: _____ Receive text Yes ☐ No ☐

Mother: _____ Cell: _____ Receive text Yes ☐ No ☐

Email: _____

In Case of Emergency Contact: _____ Phone: _____

☐ ☐ ☐ ☐

I/We the parents of the above named youth, hereby give my/our approval to his/her participation in basketball program being conducted by the Red Bay Youth Basketball during the current season. **I assume all risks and hazards incidental to such participation** including transportation to and from the activities and I/We do hereby waive, release and agree to hold harmless the **Red Bay Youth Basketball or City of Red Bay, AL**. the organizers, officers, directors, participants and persons transporting my child to/from activities, from any claim arising out of injury to my child. I also give my permission to the person in charge of the activity to take my child to the doctor or the hospital/ clinic in case of injury. I will furnish proof age certification upon request or when needed for tournament games. **Refunds will be made in full if requested before the teams are selected**. All requests for refunds should be made to Director of Red Bay Parks and Recreation Department. There will be NO refunds once the teams are selected. **Coaches, Assistant Coaches or Assistants** must submit to having a **background investigation** performed by the Red Bay Park and Recreation Department or its representative and also must **be certifiable** by the NCSS or Heads Up Concussion course.

How did you learn about signups? www.redbaysports.com TV12 Red Bay News Signs

As a Parent, which of the following will you do for your child's team?

Coach ☐ Assist Coach ☐ Clean Gym ☐ Work Concession ☐ Team Parent ☐

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ **Date signed:** _____

Please indicate if your child has any of the following medical problems so we can be of assistance in case of emergency:

_____ **Asthma** _____ **Diabetes** _____ **Epilepsy or seizures**

_____**Heart Problems** _____ **Allergies** _____ **Other (Please explain)**

UNIFORM SIZE

	Jersey	Shorts
Child X Small	☐	☐
Child Small	☐	☐
Child Medium	☐	☐
Child Large	☐	☐
Adult Small	☐	☐
Adult Medium	☐	☐
Adult Large	☐	☐
Adult X Large	☐	☐

Registration Cost

1- $55.00

2- $105.00

3- $155.00

4- $205.00

CONSENT FOR MEDICAL TREATMENT As the parent or guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. The care may be given under whatever conditions are necessary to the life, limb or well-being of my dependent.

Signature of Parent or Guardian

X _____Date: _____

Amount Paid: $ _____ Cash ☐ Check ☐ #_____

Rev 9-28-16 22:35