## Johnston Parks & Recreation Department - Youth Basketball League 2025-2026

Please make check or money order payable to "Johnston Youth Sports"



Amount Paid:	Check/Money Order#	Cash	_ Date:	Received By:	
Player's Name:		Parent(s) Name(s):			
Address:	et				
Stree	et	City/Town		Zip Code	
Email:					
Phone No:			Did	child participate last year?	
Player's Date of Birt	th: Age_	Curre	ent Grade (20	)25- 2026 school year):	
Does child have any	medical problems that the recrea	tion departn	nent should b	oe made aware of? Yes No	
If yes, please explain	n:				
<i>Optional:</i> Ac	ld a Basketball Sweatshirt for <u>an a</u>	dditional \$2	8.00 <b>Size:</b>	Paid:	
Would you be interes	ested in coaching? Yes	No	[If yes, please	e fill out a <u>Coaches Form</u> ]	
	n Recreation Department Activity, he			e-named boy/girl, who is a candidate for to his/her participation in any and all of	
	, absolve, indemnify, and hold harmle			portation to and from the activities; I/We Department, the organizers, sponsors,	
supervisors appointed from the activities. I/ officials. The undersi	We will furnish a certified birth certigned specifically acknowledge that a	n responsibilite ficate of the a risk of injury	ty any person to above named co exists and assu	ganizers, the sponsors or any of the ransporting my/our son/daughter to or randidate upon the request of the league ame the risk with respect to practicing for the Johnston Recreation Department.	
I authorize my child	to participate in the 2025 – 202	6 Youth Bas	sketball Leag	ue	
				Parent Signature	