

# 2019 Decatur Youth Basketball Program

## Registration Form

Sponsored by Decatur Parks and Recreation and Belmont High Boys and Girls basketball coaches and players

(Players will be coached by parent volunteers)

### Boys & Girls grades K-5th in North Adams Schools ONLY

**Registration Begins:** Sept. 26th, 2019

**Registration Fee:** \$33 Deadline to Register is Wednesday, October 23rd

**PLEASE DO NOT RETURN THIS FORM TO YOUR CHILD'S SCHOOL**

Register online at [www.daparks.com](http://www.daparks.com)

Or in our office at 231 E. Monroe St. Call 724-2520 for more information

**Program Schedule** - Held at Belmont Middle school at 12:30pm or 1:30pm on the following dates: (Exact meeting times will be announced following registration)

**Week 1:** Saturday, November 9<sup>th</sup>

**Week 2:** Saturday, November 16<sup>th</sup>

**Week 3:** Saturday, November 23<sup>rd</sup>

**Week 4:** *No program scheduled this week (Thanksgiving Holiday)*

**Week 5:** Saturday, December 7<sup>th</sup>

**Week 6:** Saturday, December 14<sup>th</sup>

All participants will receive a Parks and Recreation Youth Basketball T-Shirt and will be recognized at halftime during a Belmont High School boys or girls home basketball game.

### **Participant Information**

Name: \_\_\_\_\_ Boy\_\_ Girl\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_

### **T-Shirt Size (Circle)**

Youth: S (6-8) M (10-12) L (14-16)

Adult: S M L XL

### **Parent/Guardian Information**

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Parental Authorization:** I, parent, or guardian of the above named candidate for a position on the Instructional Youth Basketball League activities during current season. I assume all risk and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnity and agree to hold harmless the local league organization, league players, the organizers, sponsors, supervisors, participants and persons transporting the player to and from activities for any claim arising out of injury to player. I also grant permission to managing personnel or other league officers or representatives; to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while neither parent nor guardian is available to certificate prior to the start of the season if requested. **I do hereby agree to play with any team to which I am assigned by league officials.**

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

### **Volunteers needed to help coach. (OPTIONAL)**

Volunteer's Name \_\_\_\_\_ Preferred Phone# \_\_\_\_\_

Age (if under 18) \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

*Volunteers are required to fill out a Coaches / Volunteer / Instructors Background check form.*