

**2016-2017 YOUTH BASKETBALL
PLAYER REGISTRATION**

*Registration cannot be accepted without
payment and age verification document for new participants*

For office use only
Date received: _____
Amount paid: \$ _____
Check#: _____
Receipt# _____
Scholarship (50%) approved by: _____

Participant's Name: _____ **Gender:** M F
Date of Birth: _____ *Verification must be submitted with form for all new participants.*

REGISTRATION FEE – \$55 (Uniform is not included)

Scholarship request: Partial scholarships are available = 50% fee reduction. To apply for a scholarship proof of income must be provided with registration. Attach a photocopy of: K-CHIP – Kentucky Health card, K-TAP card – (welfare recipient), EBT card – (food stamp recipient), Section 8 Public Housing voucher or other government assistance program documentation; or Federal tax return.

NOTE: Scholarship documents must be submitted once every calendar year (January – December). If you have not submitted a qualifying document in 2016, it must accompany this completed registration form.

Does this participant require a special accommodation due to a disability in order to fully participate in this program?

Yes No If yes, what type of assistance is needed? _____

List allergies: _____

Parent/Legal guardian name: _____ **Home Phone:** _____

Street Address: _____ **Work Phone:** _____ **Ext.** _____

City: _____ **State:** _____ **Zip:** _____ **Emergency Phone:** _____

Email address: _____ **Cell Phone:** _____

Emergency contact if parent/guardian listed above cannot be reached:

Name: _____ **Relationship to participant:** _____

Phone: _____ Home Work Cell

MEDICAL CONSENT AGREEMENT AND RELEASE: I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in or to grant any additional authorization for any surgical procedure. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of parent/guardian: _____ **Date:** _____

**cannot accept registration without signature*

WAIVER AND RELEASE AGREEMENT:

- (1) I understand and agree that I or my child hereby voluntarily assumes any risk of injury that may arise out of my/his or her participation in the above activity(s) and that the LFUCG assumes no responsibility whatsoever for any injury or damages which may result to me or my child from participation in a Parks and Recreation activity(s).
- (2) In consideration of the entry of me/my child into the Parks and Recreation activity(s), I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, do hereby waive, release and forever discharge the LFUCG from any and all claims, demands, damages, or injuries or causes of action whatsoever which may arise as a result of or in connection with, association or entry into in and/or arising out of, traveling to or from, and participation in the activity(s), and I hereby agree to hold the LFUCG harmless for any injury or damages or claims to person or property resulting from the above-mentioned participation.
- (3) I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).
- (4) I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators.
- (5) I understand that Parks and Recreation will issue a 50% refund only if a refund request form is submitted 7 business days prior to the start of the activity, except in special circumstances such as medical reasons.
- (6) I understand that, as a participant, parent, and/or spectator, my child and I are responsible to the Division of Parks and Recreation for our actions as related to participation in this sports activity in accordance with the Physical/Verbal Altercation Policy and playing rules. Any unsportsmanlike conduct, including, but not limited to, fighting, verbal abuse or racial and gender epithets involving fans, coaches, or players, will not be tolerated. A copy of the Division of Parks and Recreation Physical/Verbal Altercation Policy and Youth Sports Handbook is available on line or upon request from the Athletic Office.

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of parent/guardian: _____ **Date:** _____

**cannot accept registration without signature*

2016–17 YOUTH BASKETBALL PROGRAM – PLAYER REGISTRATION

Participant's Name: _____

Participants may select league locations. This registration form provides team options for players returning to the same age division and team. All other players register as a new player and will be assigned to a team. Players who choose to change teams must register as a new player. New players will be assigned to teams after the final registration date.

BASKETBALL REGISTRATION \$55 (uniform & rental costs for practice not included)
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Registration fee must be submitted with form. Fee is payable to Parks & Recreation by check, money order, credit card or cash in exact amount. A 50% refund for basketball registration fees may be processed if a written refund request form is submitted to the Athletics Office by November 18, 2016.

Player's age is as of August 1, 2016 determines league eligibility.

Check appropriate boxes below.

<p style="text-align: center;">-----Co-Rec League----- Little Dabblers League (ages 5–6) at Dunbar Community Center</p> <p><input type="checkbox"/> new player 720000 <input type="checkbox"/> returning player *** ***Indicate previous team below</p> <p style="text-align: center;">Teams from 2015-16 Season</p> <p><input type="checkbox"/> Bulls 720001 <input type="checkbox"/> Zay's Cats 720002 <input type="checkbox"/> Stars 720003 <input type="checkbox"/> Lakers 720004 <input type="checkbox"/> Nuggets 720010</p>	<p style="text-align: center;">-----Co-Rec League----- Training League (ages 7–9) at Dunbar Community Center</p> <p><input type="checkbox"/> new player 720130 <input type="checkbox"/> returning player *** ***Indicate previous team 2015–16</p> <p style="text-align: center;">Teams from 2015–16 Season</p> <p><input type="checkbox"/> Cavaliers 720110 <input type="checkbox"/> Suns 720111 <input type="checkbox"/> Knicks 720112 <input type="checkbox"/> Lakers 720113 <input type="checkbox"/> Bulls (Red) 720114 <input type="checkbox"/> Nuggets 720115 <input type="checkbox"/> Bulls (Black) 720132 <input type="checkbox"/> PAL Heat 720133 <input type="checkbox"/> Wildcats 720134 <input type="checkbox"/> Kings 720137</p>	<p style="text-align: center;">-----Co-Rec League----- Jr. Varsity League (ages 10-12) at Dunbar Community Center</p> <p><input type="checkbox"/> new player 720230 <input type="checkbox"/> returning player *** ***Indicate previous team below</p> <p style="text-align: center;">Teams from 2015-16 Season</p> <p><input type="checkbox"/> Nuggets 720211 <input type="checkbox"/> Team Takeover 720212 <input type="checkbox"/> Millcreek Lions 720213 <input type="checkbox"/> HYB 720214 <input type="checkbox"/> Runners 720216 <input type="checkbox"/> Stars 720217 <input type="checkbox"/> Bulls 720218 <input type="checkbox"/> Express 720232 <input type="checkbox"/> Wildcats 720236</p>
<p>PARKS & RECREATION LEXINGTON, KY Athletics Office 545 N. Upper Street Lexington KY 40508</p>	<p style="text-align: center;">Girl's (Ages 7–9) Training League</p> <p><input type="checkbox"/> new player 720010</p>	<p style="text-align: center;">Girl's (Ages 10–12) Jr. Varsity League</p> <p><input type="checkbox"/> new player 720020</p>

NOTE: New players that are siblings of a returning player or sons/daughters of the HEAD coach must complete the following team assignment information in order to be placed on the appropriate team. NO OTHER TEAM ASSIGNMENT REQUESTS ARE ACCEPTED.

Team Assignment Information Team Name: _____

- Sibling is returning player on this basketball team. | Name of sibling _____
- Son/daughter of HEAD coach of this basketball team. | Name of coach _____

★ We depend on the support of parents and volunteers who serve as coaches and team parents to provide the best program possible for our youth. Please consider coaching or assisting with a team. All coaches complete an application that includes a background check. Coaches receive pre-season sports-specific training and support through the season.

You can find an application online or check a box below to be contacted at a later date.

Head Coach Asst. Coach Team Parent Name: _____ Phone: _____