PARKS & RECREATION
LEXINGTON, KY

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*

Lexington-Fayette Urban County Government / Lexington Parks & Recreation Athletics Department
545 North Upper Street, Lexington, Kentucky 40508 Phone: (859) 288-2915 Fax: (859) 254-0142 www.lexingtonky.gov/parks

****COMPLETE REGISTRATION ON REVERSE SIDE OF FORM *or* SECOND PAGE ON WEB SITE****

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)

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.

--------Co-Rec League-------- Little Dibblers League (ages 5–6) at Dunbar Community Center		--------Co-Rec League-------- Training League (ages 7–9) at Dunbar Community Center		--------Co-Rec League-------- Jr. Varsity League (ages 10-12) at Dunbar Community Center	
☐ new player	720000	☐ new player	720130	☐ new player	720230
☐ returning player	***	☐ returning player	***	☐ returning player	***
***Indicate previous team below		***Indicate previous team 2015–16		***Indicate previous team below	
Teams from 2015-16 Season		***Teams from 2015–16 Season***		***Teams from 2015-16 Season***	
☐ Bulls	720001	☐ Cavaliers	720110	☐ Nuggets	720211
☐ Zay's Cats	720002	☐ Suns	720111	☐ Team Takeover	720212
☐ Stars	720003	☐ Knicks	720112	☐ Millcreek Lions	720213
☐ Lakers	720004	☐ Lakers	720113	☐ HYB	720214
☐ Nuggets	720010	☐ Bulls (Red)	720114	☐ Runners	720216
		☐ Nuggets	720115	☐ Stars	720217
		☐ Bulls (Black)	720132	☐ Bulls	720218
		☐ PAL Heat	720133	☐ Express	720232
		☐ Wildcats	720134	☐ Wildcats	720236
		☐ Kings	720137		
		Girl's (Ages 7–9) Training League		**Girl's (Ages 10–12) Jr. Varsity League**	
		☐ new player	720040	☐ new player	720020

PARKS & RECREATION LEXINGTON, KY
Athletics Office
545 N. Upper Street
Lexington KY 40508

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: _____