

YOUTH BASKETBALL & CHEER REGISTRATION FORM

275 Beasley Dr • Versailles, KY 40383 • www.vwcparksrec.com

PARTICIPANT INFO:

Participant's Name: _____ Birth Date: _____ Age: _____ Grade: _____ Check: Male Female

Who does participant live with? Mother Father Both Legal Guardian

PARENT OR GUARDIAN CONTACT INFO:

Name: _____

Relationship to Child (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Email: _____

ADDITIONAL CONTACT: PARENT EMERGENCY CONTACT

Name: _____

Relationship to Child (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Email: _____

EMERGENCY MEDICAL INFORMATION

Insurance Company: _____

Hospital Preference: _____

Is participant allergic to any drugs? No Yes

If yes, please list: _____

Does participant have any other allergies? No Yes

If yes, please list: _____

Please list any other medical conditions or special needs the instructor or coach should be aware of: _____

LEAGUE INFO:

Division _____

Previous Year's Team _____

Height _____

Weight _____

Notes _____

SHIRT SIZE:

Youth X-Small (2-4)

Youth Small (6-8)

Youth Med (10-12)

Youth Large (14-16)

Youth XL (18-20)

Adult Small

Adult Medium

Adult Large

Adult X-Large

Adult XX-Large

WAIVER OF LIABILITY AND TERMS OF PARTICIPATION:

- I. I understand that baseball, softball, football, basketball and other sports, fitness, and aquatic programs are dangerous and that I or my child could be killed or seriously injured while participating. Injuries that could occur include, but are not limited to, paralysis, brain injury and broken bones. I understand that if my child is participating in a youth sports program that s/he will be coached by volunteer coaches who will not be full-time or professionally trained. Recognizing the inherent risks associated with participating in the above noted program and still desiring myself or my child to participate, I hereby agree to indemnify and hold harmless the Versailles-Woodford County Parks & Recreation Department, Woodford County Fiscal Court, the City of Versailles and the members, employees, and all individuals responsible for the conduct of activity involving myself or my child(ren) for claims including but not limited to claims of personal injury, hospitalization, etc. I also understand that the Parks and Recreation Department strongly recommends that each participant have medical approval before participating in any sport, aquatic, or fitness related program and that I must inform the Department of any medical condition that may require special attention or treatment.
- II. I warrant that my child/children or I or am privately insured with a medical insurance policy. I understand that the VWCRPD does not provide medical insurance coverage for program or league participants.
- III. I understand that registration fees must accompany this application in order for it to be processed. (Please make checks payable to VWCRPD. If you have any questions concerning fees, please contact the department at 873-5948.) I understand that the Department will not issue refunds after leagues have been drafted unless there is a medical reason that my child or I cannot participate. I understand that in non-competitive leagues or other programs, refunds must be requested in writing 5 business days prior to the program's start date. In the case of injury or illness where my child or I cannot participate, a doctor's statement must be received within 10 business days of seeking treatment stating why the individual cannot participate.
- IV. I understand and give permission for the Parks and Recreation Department or local media to photograph or video tape my child or me during participation in Parks and Recreation activities and to use them in advertising and promotion, both in print and on the Department's website and social media outlets.
- V. In the event of an emergency, I give my permission for a representative of the Recreation Department and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

By signing or typing my name below, I acknowledge that I have read and agree to the above Waiver of Liability and Terms of Participation.

Signature of Participant or Parent/Legal Guardian: _____ Date _____