

**BIRTH
CERTIFICATE
MUST BE
PROVIDED**

**HENRY COUNTY PARKS & RECREATION
YOUTH BASKETBALL REGISTRATION FORM
GIRLS (age 5-12) & BOYS (AGE 5-17)
\$85.00 PER CHILD
(\$75.00 each additional sibling) & (\$115 out of county)**

Fairview teams will practice at the Fairview Rec. Center. **Stockbridge** teams will practice at JP Moseley Rec. Center or Elementary schools in Stockbridge. **South Henry** teams will practice at Elementary schools in McDonough, Locust Grove, Hampton, or Ola. Once your child is drafted onto a team, he or she cannot be traded. Sibling tags are guaranteed for siblings who reside in the same household and are in the same age group. Car rider tags or any other tags are not guaranteed.

CHILD NAME									
AGE AS OF 9/1/18									
DATE OF BIRTH									
SEX	MALE				FEMALE				
PARENT NAME									
ADDRESS, CITY, ZIP									
HOME PHONE NUMBER									
CELL PHONE NUMBER									
WORK NUMBER									
E-MAIL ADDRESS									
NAME OF SCHOOL CHILD ATTENDS									
JERSEY SIZE (CIRCLE ONE)	YS	YM	YL	AS	AM	AL	AXL	AXXL	AXXXL
I WOULD LIKE MY CHILD TO PRACTICE IN THIS AREA (CIRCLE ONE)	FAIRVIEW		or	STOCKBRIDGE			or	SOUTH HENRY	
FOR SELECT LEAGUE PLAYERS ONLY	My child is in the SELECT LEAGUE and already on a select roster with: 10u Boys coach _____ or 12u Boys coach _____								
CHILD IS INSURED BY									

PLEASE FILL OUT ADDITIONAL FORM AND INDICATE HERE IF YOU ARE PURCHASING RECREATION INSURANCE FOR \$15.00

I HAVE READ AND SIGNED THE INFORMATION ON THE REVERSE OF THIS FORM REGARDING CONCUSSIONS. _____

HENRY CO. RESIDENT?
YES NO

I, LEGAL PARENT OR GUARDIAN OF (ABOVE CHILD) DO HEREBY AGREE TO ALLOW MY SON/DAUGHTER TO PARTICIPATE IN THE YOUTH BASKETBALL PROGRAM SPONSORED BY THE HENRY COUNTY RECREATION DEPARTMENT. I WILL ASSUME ALL RISK AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE PROGRAM AND WILL ABIDE BY THE RULES AND REGULATIONS THEREOF, IN CASE OF INJURY, I WILL RELEASE AND DISCHARGE HENRY COUNTY RECREATION DEPARTMENT AND HENRY COUNTY BOARD OF EDUCATION, ITS AGENTS, EMPLOYEES, SUCCESSORS, AND ASSIGNS, FROM ANY AND ALL LIABILITY, CLAIMS AND CAUSES OF ACTION OF WHATSOEVER KIND AND NATURE ARISING FROM AND BY REASON OF ANY AND ALL KNOWN AND UNKNOWN, FORSEEN AND UNFORSEEN BODILY AND PERSONAL INJURIES, DAMAGE TO PROPERTY AND THE CONSEQUENCES THEREOF, RESULTING FROM THE USE OF THE AFOREMENTIONED FACILITIES AND THE TRANSPORTATION TO AND FROM SAID FACILITIES, SO LONG AS ANY INJURIES OR DAMAGES ARE NOT THE RESULTS OF WILLFUL OR MALICIOUS FAILURE TO GUARD OR WARN AGAINST A DANGEROUS CONDITION USE STRUCTURE OR ACTIVITY OR FOR WILLFUL OR WANTON INJURY. I ACKNOWLEDGE THAT ACCIDENTAL MEDICAL INSURANCE IS REQUIRED TO PARTICIPATE IN THE PROGRAM AND I CAN PURCHASE SUCH INSURANCE THROUGH THE RECREATION DEPARTMENT OR I HAVE INSURANCE COVERING THE PARTICIPANT.

Additionally, I hereby grant to Henry County, Georgia and the Henry County Parks and Recreation Department my absolute and unconditional permission to use, without charge, any and all photographs, video reproductions or other like kinds of imagery production taken during the event in which I or my likeness or image may appear as the subject matter for publicity or any other purpose. I understand that my name may be included with the photograph or other image.

**NO REFUNDS UNLESS THE CHILD MAKES HIS OR HER SCHOOL TEAM.
ALL REFUND REQUESTS MUST BE RECEIVED BY 11/16/18.**

Signature (Parent /Guardian) _____

THERE WILL BE AN ADDITIONAL \$25.00 FEE FOR ALL RETURNED CHECKS

****FOR OFFICE USE ONLY***

CASH PD.	CHECK PD.	CHECK #	RECEIPT #	RESIDENCY VERIFIED	BC VERIFIED	BC ON FILE	STAFF INITIALS
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