

GREENE COUNTY RECREATION BASKETBALL LEAGUE REGISTRATION FORM

NAME _____ AGE _____

ADDRESS _____

DATE OF BIRTH _____

SHIRT SIZE Youth small Youth medium Youth large
 Adult small Adult medium Adult large Adult X-large

PARENTS NAME (M) _____ work# _____
 (F) _____ work# _____

HOME NUMBER _____

We the undersigned parents (or guardians) of the above child, who is to participate in the GCRD Basketball League, hereby give our approval to their participation in any and all activities of the GCRD basketball League during the current season. We assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. We do further release, absolve, indemnify and hold harmless the Greene County Recreation Department, the organizers, sponsors and supervisors from any and all injury, loss or damages to the above child arising from the activities of the GCRD Basketball League. We will furnish a certified birth certificate so a copy can be made to keep on file at the Recreation Department.

We the undersigned parents (or guardians) of the above child, take full responsibility for the physical condition of the said child before the season begins. If you have any doubt concerning your child's condition then you should make certain that they receive a complete physical before they start playing.

Insurance will be available for \$8.50.

SIGNED _____ **DATE** _____

MUST BE SIGNED BY PARENT/GUARDIAN