

Amount PAID _____
Received by: _____



City of Bluefield
Department of Parks and Recreation
2016-17 Youth Basketball Registration Form

Athlete's Name: _____ Male: _____ Female: _____

Date of Birth ____/____/____ Age as of 12/01/2016: _____

Jersey Size (Circle One): Youth S M L Adult S M L XL 2XL

Shorts Size (Circle One): Youth S M L Adult S M L XL 2XL

Preferred Jersey Number _____

Child's School _____ Grade: _____

Parent/ Guardian Name: _____

WOULD YOU LIKE TO COACH? Yes: ____ No: ____

*Phone Number: (____) ____ - _____ *Email: _____

Address: _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Secondary: _____

A copy of your child's birth certificate before your child is considered eligible to participate.

Individual Registration & Uniform Fee (Bluefield resident): \$60.00

Team Registration Fee (non-resident team – no uniform): \$300.00

REGISTRATION DEADLINE: Thursday November 12, 2016

Age Divisions

Itty-Bitty – (5-7) Evaluation: Nov- 7th Draft: Nov-14th

Pee-Wee – (8-10) Evaluation: Nov- 8th Draft: Nov-14th

Midget – (11-13) Evaluation: Nov-11th Draft: Nov- 14th

- The registration and uniform fee is for Bluefield residents.
- The team fee is for non-resident teams (i.e. Mount View, Montcalm)
- Payment must be made in order to register
- No refunds

1780 Stadium Drive Bluefield, WV 24701
304.327.2448

www.cityofbluefield.com

Visit us on Facebook for League updates at City of Bluefield Parks and Recreation

Youth Sports Waiver

I/We the parents or guardians of the above named participant in the Bluefield Recreation Department sponsored activity, hereby give my/our consent for his/her participation in the above mentioned program during the current season. We understand that due to the nature of the above-mentioned activity, injuries may occur. I/We understand there are certain risks and hazards associated with my/our child's participation in this program. I/We hereby release and hold harmless the City of Bluefield and its employees, the Bluefield Recreation Department, the volunteer coaches and any other person acting on behalf of the City, from any liability or claim due to injury sustained during the above mentioned activity, including travel to and from. I/We authorize the coach, team parent, and/or staff member of the Bluefield Recreation Department to seek emergency medical attention for my/our child in the event an injury occurs in my absence.

I/We agree to return the uniform and other equipment issued to my child in the same condition as when it was received except for normal wear and tear. I understand that if this property is not returned when requested, I am obligated to pay for it at replacement value and my/our child may not be allowed to participate in Recreation activities until the replacement value is collected. I/We understand that my/our child may be suspended from the program for use of profanity, abusive behavior at staff or volunteer coaches, damage to property or other violations of the code of conduct as specified. I/We hereby give my/our consent for my/our child's photograph and/or name to be placed on the Department's Web page or other media.

Legal Guardian Print _____

Legal Guardian Sign _____ Date _____

1780 Stadium Drive Bluefield, WV 24701
304.327.2448

www.cityofbluefield.com

Visit us on Facebook for League updates at City of Bluefield Parks and Recreation