



CITY OF LAKE WORTH DEPARTMENT OF RECREATION

YOUTH BASKETBALL

REGISTRATION FORM

Please read the following statements before filling out the form. Initial to indicate you have read and agree to the following:

- There will be mandatory parent meetings held by the league before the season starts. Failure of a parent attending one of the meetings may result in the child being dropped from the program and forfeiture of registration fees (I will not receive a refund). If I have problems attending the meeting, I will speak with the league supervisor to make arrangements. Initials: _____
I have received the Parent Information Sheet with this registration, and agree to read and abide by its content. I will inform any friends or family members attending my child's game of the expected conduct outlined in the Parent Information Sheet as well. Initials: _____
If transportation to and from practices and games will be a problem, I will not register my child for this program. I understand that coaches are not responsible for transporting my child, and they depend on my child to be at practices and games on time. Initials: _____
I will make coaches and league administrators aware, in writing, of any medical or behavioral conditions that may affect my child's performance. If my child has a disability that can be reasonably accommodated, accommodations will be made. Initials: _____
I understand placement based on transportation and other "same-team" requests will not be honored. Siblings will automatically be on the same team, unless they are in different age groups. Initials: _____
I understand that the City of Lake Worth does not provide health or accident insurance coverage for this league. If I would like such insurance, I will speak to the league administrator for more information on companies that sell such policies. Initials: _____

PARTICIPANT (Child) INFORMATION:
Last Name: _____ First Name: _____ Nickname/preferred name: _____
Address: _____ City: _____ Zip Code: _____
Home Phone: (____) _____ Date of Birth: _____ Age: _____ School: _____
DIVISION CHILD WILL PLAY IN: [] 3-6 year old [] 7-9 year old [] 10-12 [] 13-14 [] 15+
T-SHIRT SIZE: [] Youth M [] Youth L [] Adult S [] Adult M [] Adult L [] Adult XL

PARTICIPANT (Sibling) INFORMATION:
Last Name: _____ First Name: _____ Nickname/preferred name: _____
Home Phone: (____) _____ Date of Birth: _____ Age: _____ School: _____
DIVISION CHILD WILL PLAY IN: [] 3-6 year old [] 7-9 year old [] 10-12 [] 13-14 [] 15+
T-SHIRT SIZE: [] Youth M [] Youth L [] Adult S [] Adult M [] Adult L [] Adult XL

PARTICIPANT (Sibling) INFORMATION:
Last Name: _____ First Name: _____ Nickname/preferred name: _____
Home Phone: (____) _____ Date of Birth: _____ Age: _____ School: _____
DIVISION CHILD WILL PLAY IN: [] 3-6 year old [] 7-9 year old [] 10-12 [] 13-14 [] 15+
T-SHIRT SIZE: [] Youth M [] Youth L [] Adult S [] Adult M [] Adult L [] Adult XL

COPY OF BIRTH CERTIFICATE REQUIRED AT TIME OF REGISTRATION!

PARENT/GUARDIAN AND EMERGENCY CONTACT INFORMATION:

Mother's name: _____ Work/mobile phone: (____) _____ - _____ Email: _____

Father's name: _____ Work/mobile phone: (____) _____ - _____ Email: _____

Emergency contact name: _____ Emergency phone: (____) _____ - _____ Email: _____

SPONSORSHIPS:

We are actively seeking sponsors for the league. Sponsors help keep our program quality high while keeping registration costs low. If you are interested in sponsoring a team, or know of someone who would like to sponsor a team, please ask for a sponsorship packet.

Parents Code of Ethics (Please read and sign)

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Code of Ethics.

- ✓ I will encourage good sportsmanship by demonstrating support for all players, coaches, and officials at every game
- ✓ I will place the emotional and physical well being of my child ahead of any desire to win.
- ✓ I will insist that my child play in a safe and healthy environment.
- ✓ I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- ✓ I will demand a drug, alcohol, and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.
- ✓ I will remember that the game is for children and not adults.
- ✓ I will do my very best to make youth sports fun for my child.
- ✓ I will ask my child to treat players, coaches, fans, and officials with respect, regardless of race, sex, creed, or ability.
- ✓ I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation, or whatever I am capable of doing.
- ✓ I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach agrees to the Youth Sports Coaches' Code of Ethics.

Parent Signature

Date

RELEASE/HOLD HARMLESS

As Parent / Legal Guardian of the child(ren) named on this document, I hereby give my authorization and approval for my child(ren) named above to participate in the above referenced program. I acknowledge and fully understand that my child(ren) will be engaging in recreational activities that may involve a risk of serious physical injury including permanent disability or death. I further acknowledge that there may be other risks and hazards incidental to such participation including transportation to and from program activities.

I hereby forever waive, release and hold harmless, the City of Lake Worth, its employees, independent contractors, volunteers, and/or participants from any and all claims arising out of bodily injury, loss of life, and/or all other damages to the person or property of my child(ren) as a participant in the program. I agree and acknowledge that this Release and Hold Harmless will apply and include any claims regardless of the City's own negligence. **I understand the City does not provide accident insurance for my child as a participant in the program.**

In the event of an emergency, I hereby authorize the transportation to and treatment of my child by the nearest hospital staff or an Emergency Medical Services Unit.

I further understand and agree that the City of Lake Worth retains the right to dismiss my child from the program should his/her, my or my guests' behavior as a spectator endanger myself or others and/or is detrimental to the program or the program's intended purpose.

Agreed, acknowledged, and executed on _____
Date

Parent / Legal Guardian Signature

Printed Name

PHOTO CONSENT

I understand that the City of Lake Worth Youth Basketball Program provides this service with funds administered by the City of Lake Worth. I, the undersigned, do hereby authorize the City of Lake Worth to take photographs of my child and to use these photos for the purpose of helping to publicize this program, which may include media coverage and viewing by the general public. By signing below, I am giving my legal authorization for the above use of photos.

Parent/Guardian Signature

Print Name

Date

I do not grant permission for my child's photo to be used for the purposes listed above.