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| **Bolivar Parks & Recreation**  **1710 W. Broadway Bolivar, MO 65613**  **Shania Francka-Parks & Rec Sports Director**  **417-399-0690** [**sfrancka@bolivar.mo.us**](mailto:sfrancka@bolivar.mo.us)  **Fall Youth Basketball Individual Registration** |

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| **Child’s First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Age:\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_**  **Sex: M\_\_\_\_\_ F\_\_\_\_\_\_ Parent Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Emergency Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Shirt Size: YS YM YL AS AM AL AXL (Circle One)**  **Skill Level: Never Played (1st Year) Intermediate (2nd Year) Veteran (3 + Years)**  **Division: (Circle) Pre-K/Kindergarten 1st/2nd Grade 3rd/4th Grade 5th/6th Grade**  **Please mark YES or NO if interested in helping coach: Yes\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_**  **Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  | | --- | | **Office Use Only:**  **Receipt # & Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Coach:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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| **Registration is due by: October 1st Forms received after October 1st will be put on a waiting list. (Late registrations will incur an additional fee of $10 per form.)**  **Fee: $45 for 1st Child; $40 for each additional child. $40 for each child with a Bolivar Parks & Rec Membership (This includes registration, jersey, & insurance.)**  **Make Checks Payable to: Bolivar Parks & Recreation**  **\*\*\*Please drop off all registration forms @ Bolivar Parks & Recreation & Aquatic Center OR mail to PO Box 9 Bolivar MO 65613 ATTN: Shania Francka**  **Games will begin the week of: *November 1st***  **League Dates: *November 1st-December 3rd (No games on during thanksgiving week)***  **End of the Season Tournament: *December 11th***  **Days of Play:**  ***1st/2nd Grade: Monday (CO-ED)***  ***3rd/4th Grade: Tuesday (Boys/Girls)***  ***5th/6th Grade: Thursday (Boys/Girls)***  **Check out “Bolivar Recreation & Aquatic Center” for Updates/Cancellations on Youth Basketball or Sign up on the Remind: Send a text to 81010 and text this message @bolivarpar**  **I understand and am aware that by participation in physical activities, the potential for accidents does exist. In consideration for being allowed to participate in the Bolivar Parks & Rec Basketball Program and further agree to defend and hold harmless Bolivar Parks & Rec, its staff members, and volunteers conducting the program(s) from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from injury or death, accidental or otherwise, during or arising in any way from the Bolivar Parks & Rec Program(s). I also understand that the Bolivar Parks & Rec may use, for publicity and/or promotional purposes, my (or my child’s) name or pictures participation in this program, without obligation or liability to me or my family. By signing this form you are agreeing to the above waiver. I agree to assume the risk of such exercise.**  ***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |