

Lindsborg Recreation Department



YOUTH BASKETBALL



Basketball Recreational leagues are for boys and girls in K - 6th grade. Complete this registration form and return it along with the registration fee **to City Hall during regular payment hours (M-F, 8 AM to 4:30PM) payments will not be accepted AFTER 4:30PM.** Or after hours you can drop your registration and check/money order in the drop box located just outside the main doors. The LRD office phone number is: 785-227-3333. All registrations must be signed by a parent or legal guardian-NO EXCEPTIONS!

**Registration Fee: \$30.00 Reside in city limits
\$35.00 Reside outside of city limits**

Registration Deadline: November 4th

LATE REGISTRATIONS ACCEPTED UNTIL November 11th (ADDITIONAL **\$5.00 LATE FEE** WILL BE CHARGED) AFTER November 11th KIDS WILL BE PLACED ON A WAITING LIST, THERE IS NO GUARANTEE THAT THEY WILL BE PLACED ON A TEAM FROM THE WAITING LIST.

******Kindergarten – 3rd will not be playing in McPherson this year, all games will be played in Lindsborg or Marquette. Season will run 3 weeks in December and 3 weeks in January.**

**Lindsborg Recreation Department
Parent/Guardian Consent form &
Medical Treatment Authorization**

NAME OF PARTICIPANT _____ E-MAIL _____
STREET ADDRESS _____ CITY _____ ZIP _____
HOME PHONE _____ CELL _____
GENDER: MALE / FEMALE (circle one) DATE OF BIRTH ___/___/___ AGE _____ (as of Sept. 1, 2016)
SCHOOL CURRENTLY ATTENDING _____ GRADE _____

PLEASE LIST ANY MEDICAL CONDITIONS _____
WOULD YOU LIKE TO COACH A TEAM: () YES () NO
WOULD YOU LIKE TO ASSIST: () YES () NO
COACH'S NAME _____ ADDRESS _____ PHONE _____

JERSEY SIZE: YS, YM, YL, YXL, OR AS, AM, AL (youth and adult sizes available)

TO WHOM IT MAY CONCERN: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of basketball at any time during the season, my child's team coaches, or any member of the LRD staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary. I understand my child's medical condition (if applicable) will be disclosed to LRD staff and the child's coach(es) and hereby give consent to such disclosure.

I, the undersigned, do hereby acknowledge that I have given my child permission to participate in basketball with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Lindsborg Recreation Department, City of Lindsborg, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by LRD, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in basketball and to hold the City, LRD, its agents and staff harmless from liability for all such expenses.

I understand that a photo-copy of this document shall have the same force and effect as the original.

SIGNATURE _____
PRINT NAME _____
RELATIONSHIP _____ DATE _____

(IF THE NATURAL PARENTS OF THIS CHILD ARE NOT REGISTERING THIS CHILD TO PARTICIPATE IN BASKETBALL, PROOF OF LEGAL GUARDIANSHIP (TYPED AND NOTARIZED AFFIDAVIT FROM THE COURT OR DCF IS REQUIRED TO BE SHOWN, COPIED AND ATTACHED TO THIS FORM.

Same team requests will be met only for siblings or same household residents.