

FAISON PARKS AND RECREATION DEPARTMENT

BASKETBALL LEAGUE REGISTRATION FORM

184 PARK CIRCLE FAISON, NC 28341
OFFICE: 910-267-0115 FAX: 910-267-1848

NAME _____ MALE _____ FEMALE _____

ADDRESS: _____
STREET CITY ST ZIP

PHONE (HOME) _____ (CELL) _____ CURRENT AGE _____

EMAIL _____ DATE OF BIRTH ____/____/____

PARENT'S NAME _____ PARENT'S NUMBER _____

EMERGENCY CONTACT (other than parent)

NAME _____ NUMBER _____

COST \$40

\$35 Per child for families with more than one child attending

CHECK SHIRT SIZE:

Youth Small (6-8)
 Youth Med (10-12)
 Youth Large (12-14)
 Adult Small (34-36)

Adult Med (38-40)
 Adult Large (42-44)
 Adult X-Large (46-48)
 Adult XX-Large (50-52)

I, _____, AGREE TO HOLD HARMLESS THE FAISON PARKS AND RECREATION DEPARTMENT, TOWN OF FAISON, ITS AGENTS AND EMPLOYEES OF ANY PERSONAL OR PROPERTY LIABILITY AND/OR PERSONAL INJURY WHILE PARTICIPATING IN THIS CAMP, PROGRAM OR ATHELETIC EVENT. IN THE EVENT OF INJURY OR ILLNESS TO THE PARTCIPANT, WHERE IN THE JUDGEMENT OF FAISON PARKS AND RECREATION DEPARTMENT STAFF OR VOLUNTEERS, EMERGENCY TREATMENT IS REQUIRED, MY PERMISSION IS GRANTED TO OBTAIN IMMEDIATE MEDICAL CARE. I AGREE TO BE RESPONSIBLE FOR ALL EXPENSES THAT ARISE OUT OF SUCH ACTIONS.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____
(Participant or Parent/Guardian if under age years)

Date _____

OFFICE USE ONLY

Date Received _____ Fee _____ Date Paid _____

Receipt # _____ Staff Signature _____

Adopted June 23, 2010 revised August 6, 2014, Revised July 14, 2017

Town Documents/Recreation/Basketball League Registration Form 7-14-17