

# YOUTH BASKETBALL

## REGISTRATION 2018-2019



**Early Registration Deadline: Wednesday, November 21<sup>st</sup>**  
**Final Registration Deadline: Tuesday, November 27<sup>th</sup> ADD \$5 LATE FEE.**

Registration turned in after 11/27 may not be accepted.

*\*Registration for JH Boys & Girls will come out at a later date as their season will not start until early Feb.*

*All other leagues will begin the season with practices starting week of 12/10. Practice could be scheduled on any one weeknight throughout the season. Practice nights and time will be chosen by the head coach, pending gym availability. Saturday games will begin in January and go through late February/early March.*

K – 1<sup>st</sup> Grade: \$40 (\$35 with City of Paxton residency)

2<sup>nd</sup> – 5<sup>th</sup> Grade: \$45 (\$40 with City of Paxton residency)

Leagues are K/1 Co-ed, 2/3 Boys, 2/3 Girls, 4/5 Boys, 4/5 Girls

\_\_\_\_\_ **Player Name** (and gender if not obvious)      \_\_\_\_\_ **Grade**      \_\_\_\_\_ **Birthdate**      \_\_\_\_\_ **Height**      \_\_\_\_\_ **School Player Attends**

\_\_\_\_\_ **Parent/Guardian**      \_\_\_\_\_ **Phone** (best # to call or text)      \_\_\_\_\_ **Email**

\_\_\_\_\_ **Additional Contact**      \_\_\_\_\_ **Phone**      \_\_\_\_\_ **\*Shirt Size** (Youth extra small through Adult 2XL)

**COACHING**

The Paxton Park District is always greatly appreciative of those parents who enjoy getting involved and helping out with any of our programs. Please indicate if you are interested in coaching your child's team in some capacity this season. *Head coaches get to choose their practice time and are able to have a say in their roster.*

\_\_\_\_\_ I am awesome and I'll be a Head Coach

\_\_\_\_\_ I can assist, call me if desperate for a head coach

\_\_\_\_\_ Not for me, no thanks

*The sooner we get coaches lined up, the sooner the season starts!*

**PLEASE NOTE** that specific teammate or coach requests may not all be granted. Teams are made with the goal of doing what is best for the program, not for the individual. The only people that will have a say in the rosters will be the coaches.

**PLEASE ALSO NOTE** that this is a Paxton-based league. Any participant signing up to play should prepare for all practices to be held in Paxton. If a situation arises where **ALL** participants within a given age & gender division can play together and practice in their home town, arrangements will be made, however, this should not be your expectation.

PAXTON PARK DISTRICT – YOUTH PARTICIPATION WAIVER

The Paxton Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury or death when choosing to participate in recreation activities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety. Please recognize that the Paxton Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Park District automatically responsible for the payment of medical expenses. Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Park District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS FROM PAXTON PARK DISTRICT

Please read this form carefully and be aware in registering your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

**ACTIVITY/PROGRAM/LEAGUE:                      YOUTH BASKETBALL 2018-2019**

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with such a program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program.

I also understand that by registering my child in a Park District sponsored activity, I give my consent for Park District personnel to take photographs of the activity which my child may be participating, for the sole purpose of professional use, whereas professional use is defined as uploading photographs to the Park District website and/or seasonal activity brochures.

In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Upon completion of this waiver, I understand any and all registration fees must also be submitted to the Park District prior to any participation in an activity. Any checks made payable to the Paxton Park District which are returned on the basis of nonsufficient funds are subject to an extra \$25 fee.

Parent(s) Phone if not listed on registration \_\_\_\_\_ Emer. Contact Phone if not listed on registration \_\_\_\_\_

Allergies \_\_\_\_\_ Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Any additional information that you would like the Park District to be aware of: