

Red Bay Youth Basketball

Mail or Bring Completed Form before 4:00pm November 20, 2020

Late Deadline is November 25, 2020

Red Bay Youth Basketball P O Box 2002 Red Bay, AL 35582

\$10.00 per player LATE FEE



Please Print All Information

Players Name: _____ Sex M F Date of Birth: ____/____/____ Age: ____

Last First MI

Age at September 1, 2020

Height: _____ Weight: _____ Years played in league: _____

6 under Co-ed

Address: _____ Zip: _____

- 8 under Girls 8 under Boys
 10 under Girls 10 under Boys
 12 under Girls 12 under Boys

Phone: _____ Current School Attending: _____

Brother or Sisters Registered to play 1) _____ 2) _____ 3) _____

Father: _____ Cell: _____ Receive text Yes No

Mother: _____ Cell: _____ Receive text Yes No

Email: _____

In Case of Emergency Contact: _____ Phone: _____

I/We the parents of the above named youth, hereby give my/our approval to his/her participation in basketball program being conducted by the Red Bay Youth Basketball during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities and I/We do hereby waive, release and agree to hold harmless the Red Bay Youth Basketball or City of Red Bay, AL, the organizers, officers, directors, participants and persons transporting my child to/from activities, from any claim arising out of injury to my child. I also give my permission to the person in charge of the activity to take my child to the doctor or the hospital/ clinic in case of injury. I will furnish proof age certification upon request or when needed for tournament games. Refunds will be made in full if requested before the teams are selected. All requests for refunds should be made to Director of Red Bay Parks and Recreation Department. There will be NO refunds once the teams are selected. Coaches, Assistant Coaches or Assistants must submit to having a background investigation performed by the Red Bay Park and Recreation Department or its representative and also must be certifiable by the NCCS or Heads Up Concussion course.

As a Parent, which of the following will you do for your child's team?

- Coach Assist Coach Clean Gym Work Concession Team Parent

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date signed: _____

Please indicate if your child has any of the following medical problems so we can be of assistance in case of emergency:

- _____ Asthma _____ Diabetes _____ Epilepsy or seizures
 _____ Heart Problems _____ Allergies _____ Other (Please explain)

- UNIFORM SIZE**
- | | | |
|---------------|--------------------------|--------------------------|
| | Jersey | Shorts |
| Child X Small | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Small | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Medium | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Large | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult Small | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult Medium | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult Large | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult X Large | <input type="checkbox"/> | <input type="checkbox"/> |

Fee is \$50.00 per child
 \$5.00 Discount for Siblings

CONSENT FOR MEDICAL TREATMENT As the parent or guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. The care may be given under whatever conditions are necessary to the life, limb or well-being of my dependent.
 Signature of Parent or Guardian

X _____ Date: _____

Amount Paid: \$ _____ Cash Check # _____