



SURRY COUNTY PARKS AND RECREATION



YOUTH BASKETBALL REGISTRATION FORM

COMPLETE ONE FORM PER CHILD

A PHYSICAL EXAM IS REQUIRED FOR ALL PARTICIPANTS AT LEAST EVERY TWO YEARS

Check here if interested in camp () Fee _____

Please circle one: Male Female T-Shirt Size: Youth SM Med L XL Adult SM Med L XL 2XL 3XL

Participant's Name _____ Age _____

Address _____ Date of birth _____

City _____ State _____ Zip _____

Parent/Legal Guardian's Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address _____

IN CASE OF EMERGENCY

Contact # 1
Name _____

Contact # 2
Name _____

Address _____

Address _____

Home # _____

Home # _____

Cell # _____ Work # _____

Cell # _____ Work # _____

Participant's Allergies: _____

Participant's Medical Conditions: _____

MEDICATIONS CANNOT BE GIVEN TO ANY CHILD OR ANYONE EMPLOYED BY THE SURRY COUNTY PARKS AND RECREATION DEPARTMENT.

Name of Participant's Physician _____

Physician's Telephone _____

WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for _____ (Participant's Name) to participate and to be photographed for publicity purposes. I will not hold the COUNTY OF SURRY, THE DEPARTMENT OF PARKS AND RECREATION and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the Surry County Department of Parks and Recreation prior to participation in this program.

Parent/Legal Guardian Signature _____ Date _____

FOR OFFICE USE ONLY

Amount Paid _____ () M.O. () Cash () Check # _____ Receipt \$ _____ Received by _____ Date _____