



Amelia County Parks and Recreation

2017-2018 WINTER Deadline: \$20.00 Late Fee start: November 27th, 2017

You must also have a birth certificate and physical to participate

Admission for Adults is \$2.00 Child 10 yrs. and up \$1.00



Basketball Registration Form

Participants Name: _____ Birth Date: _____ Age: _____ Sex: _____

Street Address: _____ City: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Email Address: (OPTIONAL) _____ Date Registered: _____

Parent/Guardian (Print) _____ Parent/Guardian (Signature) _____

Shirt Size: (Circle One) YS YM YL AS AM AL AXL AXXL AXXXL

YS—YOUTH SMALL - YM—YOUTH MEDIUM YL—YOUTH LARGE AS—ADULT SMALL AM—ADULT MEDIUM AL—ADULT LARGE AXL—ADULT XLARGE AXXL—ADULT XXLARGE AXXXL—ADULT XXXLARGE

Short Size: (Circle One) YS YM YL AS AM AL AXL AXXL AXXXL

YS—YOUTH SMALL - YM—YOUTH MEDIUM YL—YOUTH LARGE AS—ADULT SMALL AM—ADULT MEDIUM AL—ADULT LARGE

AXL—ADULT X-LARGE AXXL—ADULT XX LARGE AXXXL—ADULT XXX LARGE

Have you ever played Basketball? _____ IF so, how many years and what League _____

There is a \$25 refund for those that Volunteer

A registration fee of \$85.00 for each player must be paid prior to any participation in the league. There will be a \$20.00 late fee after the deadline above. No refunds once uniforms are ordered. Any cancellation results there is a \$20.00 processing fee.

Parents & Guardians: Please volunteer to help in one or more of the following areas: (Circle ONE) COACH

ASSISTANT COACH TEAM PARENT REFEREE CONCESSION STAND DONATION: AMOUNT: _____

(PLEASE CIRCLE AT LEAST ONE (YOUR HELP IS CRITICAL TO OUR SUCCESS))

I/We the parent's /guardians of the above named child, hereby give my/our approval to his/her participation in the youth Basketball program during the current season. I/WE assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We further hereby release and absolve indemnify and hold harmless the AMELIA COUNTY PARKS & RECREATION, it's officials, it's coaches, and person's transporting my/our children to or from the activities, any or all of them. For any claim arising out of injury to my/our child (ren) except to the extent covered by liability insurance. All sports and activities are at your own risk. Please note any injury due to participation our insurance is the secondary insurance.

Mail To: Amelia Parks & Recreation, P.O. Box A, Amelia, VA 23002 Phone: (804) 561-4100 Fax: (804) 561-4105

Drop Off: Amelia Parks & Recreation, 16330 Dunn Street (across from Amelia Head Start) Amelia, VA 23002

Email: glen.wilkerson@cova.com Director

DO NOT WRITE BELOW THIS LINE

STAFF USE ONLY

Date received: _____ Amt. Paid: _____ Check#: _____ Cash: _____

Birth Certificate: YES/ NO BC# _____ Physical Received: YES/ NO

Physical Expiration Date: _____ Receipt No. _____