

Blowing Rock Parks and Recreation 2009 Youth Basketball Registration



Registration: September 8th – October 16th 2009
Birth Certificate is required with registration!

****Registration Fee: \$30.00 Blowing Rock Taxpayer, \$40.00 Non-Taxpayers****

(All Taxpayers must present a copy of their Tax Bill to receive the Taxpayers rates)

(Late Registration: additional \$5 and child will be placed on a waiting list if no space is available)

Participant Name _____ Grade _____ Birthday _____
Mother/Guardian Name _____ Father/Guardian Name _____
Address _____
Phone(h) _____ Mother(w) _____ Father(w) _____
Mother(cell) _____ Father(cell) _____
Email _____
Please indicate shirt size: Youth S _____ YM _____ YL _____ Adult S _____ AM _____ AL _____ AXL _____

LEAGUE: Please indicate the appropriate league for your child based on what grade they are currently enrolled.

**Registration numbers will ultimately determine league break-downs. Adjustments to the following layout will be made accordingly if deemed necessary.

_____ **Instructional (kindergarten)**
_____ **Pee Wee (1st and 2nd grade)**
_____ **Midget (3rd and 4th grade)**

SCHOOL DISTRICT: Please indicate the school your child attends _____

If different, please indicate the school district you RESIDE in _____

Which team would you prefer to have your child placed on, if given the option?

(please circle) **1. The district you reside in** or **2. The school your child attends**

Would you like to coach a 2009 Youth B-Ball team? YES ___ NO ___ Contact name and #

Would you like to sponsor a 2009 Youth B-ball team? (\$200.00) YES ___ NO ___ Contact name and #

Waiver and Release

I hereby give _____ my permission to participate and be involved in Blowing Rock Parks and Recreation's basketball program. By authorization, I hereby approve of the program and accept the facilities, equipment, supervision and have the opportunity to inspect the premises and equipment and talk to the instructor prior to participation, or waive the right to do so. Further, I understand there are certain risks inherent in participation in all team and individual sports which are beyond the control of the participant or the Town of Blowing Rock's Recreation Department, and that immediately prior to any participation I have the opportunity to inspect the facility or equipment and notify the instructor or Town of any objection to the facility, equipment, instructor or supervision and have the choice whether or not to participate in said program or activity. I hereby release the Town of Blowing Rock and its employees from all damages on behalf of the instructor or the adequacy of the supervision, facilities or equipment used in the program named above.

Signature of parent or legal guardian _____ Date _____

Please sign below:

I/We the undersigned parents/guardians of the above named participant acknowledge the Town of Blowing Rock Parks and Recreation does not provide accident insurance for athletic programs as a part of the registration fee for participation. I/We fully understand and agree that the expenses of any accident and/or injury incurred while traveling to or from said activity and participating in practices or games shall be at my/our expense, either personally or through any other insurance carrier. Further, I/We do agree to indemnify and hold the Town of Blowing Rock free and harmless from any legal actions or claims.

Parent/Guardian Signature _____ Date _____

Parent's Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parent's Code of Ethics Pledge.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or youth sports event.

I will place the emotional and physical well being of my child ahead of a personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for all.

I will demand a sports environment for my child that is free of drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.

I will remember that the game is for youth—not for adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.

I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches Code of Ethics.

I will read the National Youth Sports Coaches Association Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

**If both parents do not sign, it will be assumed they are signing for the entire family.

How did you find out about this program? _____ newspaper _____ previous participation _____ mailings _____ school
_____ friend _____ email _____ other

Form may be mailed, with payment and birth certificate to: PO Box 47, Blowing Rock, NC 28605

Date rec'd _____ Fee pd. _____ Check # _____ Rec # _____ Birth cert. _____ Staff initial _____

