Blowing Rock Parks and Recreation

2015 Kinder Basketball Registration

Registration for Blowing Rock Taxpayers: January 19th, 2016
(All Taxpayers must present a copy of their Tax Bill upon Registration)
Open Registration: January 25th, 2016

Sessions will be **MONDAY** and Thursdays 5:45-6:45pm beginning on **February 29th.**
Children must be 3 years old on or before 2/29/16 and no older than 5 on this date.

****Registration Fee: $30.00 Blowing Rock Taxpayers, $40.00 Non-Taxpayers****
(Child will be placed on waiting list if no space available)
Your child's Birth Certificate is required with registration!

Participant Name _____ Age on 2/29/16 _____ Birthday _____
Mailing Address_____City/State_____ Zip Code_____
Mother/Guardian Name _____ Father/Guardian Name _____
Phone: (h) _____ Mother (w) _____ Father (w) _____
Best Contact Number in case of Cancellation: _____
Email: _____
*By state law, email addresses maybe subject to disclosure under the Public Records law.

Please indicate shirt size: Youth XS _____ Youth S _____

Waiver and Release

I hereby give _____ my permission to participate and be involved in Blowing Rock Parks and Recreation's Kinder 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 _____

How did you find out about this program? ___newspaper ___previous participation ___friend ___other

Would you like to sponsor our 2016 Kinder Team? ($200.00) YES ___ NO ___ Contact Name & #_____

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

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 whiled 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 _____
*It is assumed that the above signature represents the entire family.

Refund Policy

Refunds will only be made when requested prior to the registration deadline. Requests must be made in writing and a $5.00 administrative fee shall be deducted from all refunds.
I have read and understand the refund policy. Parent/Guardian Initial _____

Media Wavier

I hereby grant my permission to allow my child's name, photo, video recording and/or other items to be used in the discretion of the Town of Blowing Rock's Parks and Recreation Department for promoting programs operated or sponsored by the department.
Parent Signature _____ Date _____

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