



YOUTH BASKETBALL REGISTRATION FORM

Etowah Parks & Recreation

Child's Full Name: _____

Date of Birth: _____ Grade: _____ Gender: []Male []Female

Parent or Legal Guardians Name: _____

Address: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

E-mail Address: _____

Child's Uniform Size: **Shirt:** YS YM YL AS AM AL **Shorts:** YS YM YL AS AM AL

Emergency Contact: _____ Relationship: _____

Contact Number (if different from above): _____

COACHES NEEDED: I would be willing to be a head coach [] Yes [] No I would be willing to be an assistant coach: [] Yes [] No
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Release and Indemnity Agreement

The undersigned represents to the City of Etowah, Tennessee, that this participant does not have any condition that would expose them to any harm or injury by participating in any activities during the program. The participant is aware of risks and hazards incidental to the activities and liability for any injury or harm to the participant while participating in any sporting activities allowed or condoned by the City.

In consideration of the participant being allowed to participate in a city sport activity, the participant does hereby and forever release, acquit, discharge and covenant to hold harmless the City of Etowah, Tennessee, and its employees and volunteers from any and all actions, claims, demands, damages, expenses and compensation, which the undersigned may have or claim to have, on account of, or in any way growing out of the participant(s) participation in any and all of the activities the undersigned may engage in while a participant in a city sport activity.

The undersigned further promises and agrees to repay to the City and any other person or entity released above, any sum of money that the City and any other person or entity released above may hereafter be compelled to pay to or on behalf of the undersigned because of any accident or injury incurred while the undersigned is a participant in such sporting activity.

The undersigned agrees that the participant is not covered by any insurance provided by the City for injury incurred while a participant in a city sport activity and the participant will provide insurance for themselves to cover such contingencies.

Parent or Legal Guardian's Signature

Date

Health Insurance Information Health Insurer: _____ I.D. No.: _____
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My Child has allergies or other medical restrictions: [] YES [] NO
If yes, please list them: _____

Park & Recreation Use Only

\$35 Child Multiple Child Discount \$5 off each additional child

Amount Paid: _____ Check #: _____ Division: BIns BJV BV
GIns GJV GV