

2019 Lincoln County 6-8th Grade Basketball Registration

Deadline: December 7, 2018

***MUST BE FILLED OUT BY AN ADULT**

I. Participant Information

Participant Name _____

Mailing Address _____ City _____ Zip _____

Primary Phone # _____ Date of Birth ____/____/____ Age _____

Gender M/F ____ Height ____ Weight ____ Grade Level ____ School Attending _____

II. Parent/Guardian Information

Mother's Name _____ Address (if different) _____

Mother's Phone # (_____) _____ Email _____

Father's Name _____ Address (if different) _____

Father's Phone # (_____) _____ Email _____

III. Previous Experience

Played Last Year Y/N ____ Number of Years Played _____

Coach Last Year _____

IV. Jersey Size (Please circle one) *Samples are in the park office if you would like to try on.

Youth: Small Medium Large X-Large

Adult: Small Medium Large X-Large 2-Large 3-XLarge 4-XLarge

V. Parent/Guardian Consent

Parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Lincoln Co. Parks & Rec, its affiliated organizations and sponsors. Recognizing the possibility of physical injury association with youth sports and in consideration for Lincoln County Parks & Rec accepting the registrant for its youth sports programs and activities, I covenant and agree to indemnify and hold harmless and do release, requite and forever discharge, Lincoln County Parks & Rec, League President, Board of Directors, Coaches, Officials and other such volunteers as are connected with Lincoln Parks & Rec in any capacity, for any and all damages, claims, and/or liability arising out of any and all injury to or caused by my child. With the knowledge and understanding foregoing, this is to certify that my child has permission to play youth sports in the Lincoln County Parks & Rec. Further, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependant. I authorize any and all emergency medical treatment deemed necessary by any physician, nurse, or paramedic. A copy of this authorization shall be as effective as the original.

Parent/Guardian Print Name _____

Signature _____ Date _____

League Fees: \$45.00 per child

*We no longer accept **cash** per State Auditor

*Check or M.O accepted

Make Payable to: LC Parks & Rec

400 Hwy 150 East

Stanford, KY 40484
