

Brinson Youth Basketball League 2008-2009 Registration Form

Cash
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Date Paid / /
Received By

ATHLETE INFORMATION

Name of Player _____ Male _____ Female _____
First Middle Last

Age _____ DOB _____ Height _____ Weight _____

Home Address _____ NC _____
Street City State Zip

Home Phone _____ Business Phone _____

Mother/Father Name _____ or Guardian's Name _____

Email _____ Cell Phone _____

Does the child have any allergies and/or is there any medical information we should be made aware of? If yes, please explain. _____

AGE GROUPS: _____ 12 - 14 _____ 18 U

Registration fee is \$30.00

Age is determined by the child's age on December 31. ALL PLAYERS WILL BE REQUIRED TO PROVIDE A COPY OF THEIR BIRTH CERTIFICATE IF NOT ON FILE WITH BRINSON YOUTH BASKETBALL.

****Each player will be provided with a Brinson Basketball jersey.****

Jersey Size (circle one): Adult Small _____ Medium _____ Large _____ X-Large _____

Would you be interested in being Head Coach? _____ Assistant Coach? _____

REGISTRATION FEES ARE NON-REFUNDABLE

Make checks payable to **Brinson Youth Basketball League**. Mail check and registration form to Courtenay Carter, 410 Village Green Court., New Bern, NC 28562. For additional information, contact 638-6120. Forms may be downloaded on-line at www.cravencounty.com/parks/rec1.cfm.

Liability Release

I, the undersigned, do hereby assume responsibility for any accident or any injury incurred that may result from my child's participation in the practices, games, and events associated with the Brinson Youth Basketball League. I hereby remise, release, and forever discharge the Brinson Youth Basketball League, its Officers and Coaches, Craven County Recreation and Parks Department and Craven County Schools from suits of law, or whatsoever nature, regarding my child's participation.

Signature of Parent/Guardian _____ Date _____