

**TAZEWELL RECREATION DEPARTMENT
GIRLS BASKETBALL (AGES 9-12)
(All those wishing to participate must be
Between the ages of 9 and 12 on November 1,2006)**

**Tazewell Recreation Department
P.O. Box 608
Tazewell, VA 24651
(276) 988-5404**

LEAGUE USE ONLY
Amount Paid _____
Check # _____
Receipt # _____
Notes _____

TEAM _____

2006 GIRLS BASKETBALL REGISTRATION FORM

REGISTRATION DEADLINE: November 10,2006

Any forms postmarked or brought in **after** November 10,2006 will be assessed a \$10.00 Late Fee. In addition, participation shall be determined as spots are available

DATE OF BIRTH _____

AGE AS OF NOVEMBER 1,2006 _____

How many years has this child played Basketball? _____

Please circle shirt size: Youth: S M L Adult: S M L XL

Player's Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ School: _____ Grade: _____ Sex: Male/Female

Father's Name _____ Father's Work Phone _____

Mother's Name _____ Mother's Work Phone _____

I/We will volunteer to: Coach _____ Assistant Coach _____ Other _____

Emergency Contact (other than parents):

Name _____ Relationship _____ Phone _____

Player Medical Problems _____

A registration **form** must be filled out for each player.

Fees: \$20 per player. Family discounts: 2 players/\$38; 3 players/\$56; 4 players/\$74.

Make checks payable to **Tazewell Recreation Department**. Sorry, there will be No Refunds if a Player registers and then decides not to play or is unable to play.

Players will be notified by their Coach about one (1) week before the first scheduled game. The Practice Schedule and location are **determined** by your coach. Games will be played at the Tazewell High School **gym**.

Please read and sign the Back Page.

Sneakers must be worn in the gym. Glasses must have strap to hold them on. No jewelry or metal hair pieces may be worn.

AGREEMENT: I hereby certify that all Player Registration Information given above is correct.

I agree, for myself and the Registered Player, to uphold and obey all Rules, Regulations, By-Laws, and Codes of the Tazewell Recreation Department.

In order to participate in this Program, as Parent or Guardian for the Participant, I assume the risk of any and all injuries suffered or caused by the Participant due to participation in this activity.

Additionally, I hereby give my consent for all Medical Care prescribed by a duly licensed Physician for the Participant who is my dependant if the injury or illness occurs while **he/she** is under the supervision of the Tazewell Recreation Department. This care may be given under whatever conditions **are** necessary to preserve the life, limb, or well being of the Participant who is my dependent.

I agree to abide by **all** League Rules and the decisions of the Officials and Recreation Department.

PARENT'S SIGNATURE: _____

DATE: _____

Please **return** the Registration Form and Fee to:

Tazewell Recreation Department
P.O. Box 608
Tazewell, VA 24651

Forms may be returned by Mail or In Person at the Recreation Department Office at Lincolnshire Park.