

YOUTH BASKETBALL PLAYER ADD FORM



Mail to: Youth Basketball Registration - PO Box 1952 - Longview, TX 75606
Phone: (903) 237-1270 - Fax: (903) 237-1389

THIS FORM MUST BE FILLED OUT COMPLETELY TO BE VALID

Player's Name	Birth Date	Age as of 9-1-19	Male/ Female	School	Grade	Fee
						\$ 90

NOTE: Children may play on only one PARD team

Deadline: November 15

My child's t-shirt size is: Youth - YS - YM - YL OR Adult - S - M - L - XL - 2XL

My child's team last year: _____ Coach from last year: _____

Would you like your child to play on the same team or have the same coach?

SPECIAL REQUEST:

How many years has your child played with PARD? _____ How many years has your child played organized basketball? _____

How would you rate your child's athletic ability? Excellent / Good / Fair

PLEASE CIRCLE ONE: My child is TALL / AVERAGE / SMALL for their age.

PARENT/GUARDIAN INFORMATION

FIRST NAME _____ LAST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PH () _____ MOBILE PH () _____

EMAIL ADDRESS: _____

PERSONAL RELEASE STATEMENT: I/We the parent(s) of the above named child hereby give my/our approval for their participation in the City of Longview Parks and Recreation Department's Youth Basketball Program and all associated activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from scheduled activities. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Longview, Parks and Recreation Department, Longview ISD, Pine Tree ISD and all other parties associated with conducting of activities for this basketball program from any claim arising out of any injury to my/our child. My signature confirms that I have read and understand the information contained above.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

I or my spouse will serve as a coach: YES NO **or help as an assistant coach:** YES NO

METHOD OF PAYMENT

CHECK # _____ **Check Payments Require** _____ DL# _____ DOB _____

CASH MONEY ORDER # _____ AMEX MASTER CARD VISA

CARD NUMBER _____ EXPIRATION DATE _____ CVV _____

CARDHOLDER NAME (PRINT) _____ SIGNATURE _____