

# BASKETBALL REGISTRATION FORM

Platte County Sports, INC.

<b>Player's Name:</b>	<b>Boy</b> _____ <b>Girl</b> _____
<b>Print Parent/Guardian Full Name:</b>	<b>Grade Level:</b>
<b>Mailing Address:</b>	3 <sup>rd</sup> _____ 4 <sup>th</sup> _____ 5 <sup>th</sup> _____ 6 <sup>th</sup> _____
<b>Home #:</b> _____ <b>Mobile #:</b> _____ <b>Work #:</b> _____	<b>Player Shirt Size (shirts are in adults sizes):</b> SM _____ Med _____ LG _____ XL _____
<b>E-mail Address: (Please Print Clearly)</b>	<b>Additional Adult Shirts (Available \$7.00 Each):</b> SM _____ Med _____ LG _____ XL _____

**FEES:** The fee to participate in the Platte County Sports, Inc. is \$60 for one child, \$75 for two children, and \$85 for three children. This fee includes T-shirt for player and insurance. Adult shirts can be purchased for an additional \$7.00.

### PARENTAL CONSENT & WAIVER OF LIABILITY

I consent to and give permission for my child named above to participate in the Platte County Sports, Inc. program. I have no knowledge of any physical impairment that would affect my child's participation in the basketball program. I furthermore do hereby agree to waive all liability of Platte County Sports, Inc., its league representatives, team coaches, and the school districts who are allowing use of their facilities, for any accident, injury, illness or other mishap which might befall the individual named on the registration while traveling to or from or during their participation in the basketball program.

**I (YES \_\_\_\_\_ NO \_\_\_\_\_) consent to emergency medical care for my child in case of sickness or injury and any actual charges made from such care.**

I agree to abide by rules and regulation as set forth by the Platte County Sports, Inc. for my child's participation in the basketball program.

I will volunteer to help in the following areas:

COACHING \_\_\_\_\_ ASSISTING \_\_\_\_\_ OFFICIATING \_\_\_\_\_ ADMIN ASSIST TO LEAGUE REPS \_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

***BRING THIS FORM TO PRICE CHOPPER ON SATURDAY, OCTOBER 1<sup>st</sup> OR SATURDAY, OCTOBER 8<sup>th</sup> FROM 10:00 AM TO 2:00 PM TO REGISTER.***

PCS USE ONLY:	CHECK # _____	\$RECEIVED _____	\$DUE _____
	CASH _____	\$RECEIVED _____	