

# Charles City County Department of Parks & Recreation



## YOUTH BASKETBALL/CHEER REGISTRATION FORM – AGES 4-15

Please Print Legibly

Participant Information:			
Name:		Age:	Birthdate:
Parent Name:		Phone #:	
Street Address:		City, State, Zip:	
Emergency Contact:		Emergency Contact Phone #:	
Parent Email:			
Sport Choice: <input type="checkbox"/> BASKETBALL <input type="checkbox"/> CHEERLEADING			
Team Choice:		Jersey Size (Basketball Only):	
<input type="checkbox"/> 4-5 YO	<input type="checkbox"/> 11-12 YO	<input type="checkbox"/> Youth Small	<input type="checkbox"/> Adult Small
<input type="checkbox"/> 6-8 YO	<input type="checkbox"/> 13-15 YO	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Adult Medium
<input type="checkbox"/> 9-10 YO		<input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult Large
			<input type="checkbox"/> Adult X-Large
			<input type="checkbox"/> Adult 2X-Large

Known health conditions or allergies: \_\_\_\_\_

I (parent/guardian) hereby release and agree to indemnify and save harmless the county of Charles City, its employees and Charles City County Parks and Recreation Department from any and all claims of any nature for injury or loss incurred during this activity.

I (parent/guardian) agree to allow photographic images of myself and/or my children to be taken in the Parks & Recreation Youth Basketball League Program to be used for promotional purposes by the Charles City County Parks & Recreation.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Request for Background Check & Access Credential to Fort Lee Military Base

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth (mm/dd/yy): \_\_\_\_\_ Gender:  Male  Female

DMV ID #: \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_\_

**\*To receive Pass, this form must be filled out completely.\***

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