

City of Belton Parks & Recreation Basketball Registration Form

Scholarships are available based on income. You must request an application.

PART 1: Participant Information (as it appears on Birth Certificate)

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

Age Group (circle): 6 & Under 8 & Under 10 & Under 12 & Under

Mailing Address: _____

City: _____ Zip Code: _____

Did you participate in our Basketball program last year? Yes No If Yes, who was your child's coach last year? _____

If eligible, do you wish to return to the same team? Yes No Does your child have a sibling in the same age division? Yes No

For office use only

Amount Paid: _____

Circle: cash check credit

Check # _____

Date Paid: ____ / ____ / ____

Applying for Scholarship: Yes No

PART 2: Parent/Contact Information

First Name: _____

Last Name: _____

Email: _____

Contact Number: _____

Would you be interested in being a Head Coach? Yes No

PART 3: Uniform Sizes

Please circle the size you would like to order:

Jersey: YS YM YL YXL AS AM AL AXL AXXL AXXXL

Please understand that the size uniform chosen for your child will be the size you receive. Once uniforms are ordered there will be NO REFUNDS.

PART 4: Contract

The City of Belton Parks and Recreation Department has a secondary insurance policy that will pick up after primary insurance.

I hereby release the City of Belton, the Parks and Recreation Department and its coaches, as well as the sponsors from any and all liability for injuries which may occur during practice, games, and/or traveling to and from the games.

I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends. The Parks and Recreation Department staff has the authority to remove anyone violating this stipulation.

I acknowledge that all fees/charges are **non-refundable** once the season begins, and uniforms and equipment has been received.

I acknowledge that the staff of Belton Parks and Recreation Department will review this contract for accuracy. If any of the above information is discovered to be false, I fully understand that this contract will be declared null and void and the player will not be allowed to participate. I certify that I have read this contract and understand its provisions.

I understand that I must turn in a copy of my child's birth certificate in order for them to be eligible for practice and games and if I do not turn one in my child will have to sit out until one is turned in.

I understand that I will have to travel to Anderson, Williamston, Starr, Iva, and Honea Path for games.

By signing this form I state that all information and uniform sizes provided is correct. I understand that uniform sizes will not be exchanged once ordered.

Parent Signature: _____

Date: _____