

c r o w l e y
r e c r e a t i o n
d e p a r t m e n t



337-788-4124
 P.O. Box 1524, Crowley, LA 70527

2009-2010 BASKETBALL REGISTRATION FORM

FOR OFFICE USE ONLY:
 REG. FEE PAID _____ UNIFORM FEE PD. _____ CK# / CASH _____
 LEAGUE _____ AGE _____
 INPUTTED BY _____ DATE _____

LAST NAME _____ FIRST NAME _____ INIT. _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 TELEPHONE # _____ CELL# _____ BIRTHDATE _____ AGE _____ MALE/FEMALE _____

FIRST DEADLINE TO SIGN UP WILL BE NOVEMBER 20, 2009
FINAL DEAD LINE TO SIGN UP WILL BE NOVEMBER 25, 2009
AN ADDITIONAL \$10.00 LATE FEE WILL APPLY AFTER FINAL DEADLINE

LIVES WITH: FATHER _____ MOTHER _____ BOTH _____ OTHER _____
 FATHER'S NAME _____ OCCUPATION _____ BUS. PHONE _____ CELL PHONE _____
 MOTHER'S NAME _____ OCCUPATION _____ BUS. PHONE _____ CELL PHONE _____
 LIST ANY MEDICAL PROBLEM OR PROHIBITION PLAYER HAS _____
 PERSON TO NOTIFY IN EMERGENCY _____ TELEPHONE _____
 NUMBER OF YEARS PLAYED _____ LAST LEAGUE _____ LAST TEAM _____
 SCHOOL _____ GRADE _____ EMAIL ADDRESS _____

UNIFORM SIZE (THERE WILL BE AN ADDITIONAL MANDATORY FEE OF \$10.00 FOR OFFICIAL BASKETBALL UNIFORMS) TO BE PAID AT TIME OF REGISTRATION. IF YOUR CHILD HAS NEVER PLAYED SPORTS WITH US WE WILL NEED A COPY OF HIS/HERS BIRTH CERTIFICATE AT TIME OF REGISTRATION.

JERSEY		SHORTS		SIBLINGS IN LEAGUE	
YOUTH	ADULT	YOUTH	ADULT	NAME _____	AGE _____
S M L	S M L	S M L	S M L	NAME _____	AGE _____
	XL XXL		XL XXL	NAME _____	AGE _____

I, PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER HEREBY GIVE APPROVAL FOR PARTICIPATION IN ANY AND ALL THE CROWLEY RECREATION DEPARTMENT LEAGUE ACTIVITIES. I HEREBY GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER LEAGUE REPRESENTATIVE TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED WHILE PARTICIPATING IN LEAGUE ACTIVITIES AWAY FROM HOME, OR WHEN NEITHER PARENT OR LEGAL GUARDIAN IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, IDENTIFY AND AGREE TO HOLD HARMLESS THE LOCAL LEAGUE ORGANIZATION, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE PLAYER TO AND FROM THE ACTIVITIES, FOR ANY CLAIMS ARISING OUT OF INJURY TO THE PLAYER. I/WE PARENT, GUARDIAN OR PARTICIPATE OF THE ABOVE NAMED CANDIDATE, DO HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ALL ACTIVITIES. I AGREE TO RETURN ANY UNIFORM OR EQUIPMENT ISSUED TO MY SON/DAUGHTER AT THE END OF THE SEASON, AND FURTHER AGREE TO PAY FOR ANY EQUIPMENT OR UNIFORM LOST OR NOT RETURNED.

SIGNED _____ PARENT OR GUARDIAN

PARENTAL SUPPORT

WE ASK FOR ACTIVE PARTICIPATION OF ALL PARENTS IN OUR PROGRAM. CHECK AREA (S) IN WHICH YOU WOULD BE WILLING TO HELP.

- COACH
- ASSIST. COACH
- TEAM MOM

THIS RELEASE FORM MUST BE SIGNED BY THE PARENTS AND RETURNED TO THE CROWLEY RECREATION DEPARTMENT OFFICE, ALONG WITH REGISTRATION FEE ON OR BEFORE THE DEADLINE LISTED BELOW. REGISTRATION FEES ARE \$25.00 IF YOU LIVE IN THE CITY LIMITS AND \$35.00 OUTSIDE THE CITY LIMITS. EACH ADDITIONAL CHILD IS \$5.00 LESS THAN REGULAR PRICE.+ \$10.00 uniform fee

DEADLINE TO REGISTER IS FRIDAY, NOVEMBER 20, 2009

LEAGUE	AGE
BIDDY	5 & 6
JR	7 & 8
MINOR	9 & 10
MAJOR	11 & 12

AGE DETERMINING DATE FOR BASKETBALL IS NOVEMBER 1, 2009