

YOUTH BASKETBALL

**CARROLL COUNTY
COMMUNITY CENTER**

SATURDAYS:

NOVEMBER 7 – DECEMBER 19

9-10 am...4-6 yr olds

10-11am...7-11 yr olds

\$30-Members \$50-Non-members

Please return registration form and payment to the Carroll County Community Center

Participant Information

Participant's Name: _____ Gender: M or F

Member: Yes or No Date of Birth: _____ Age: _____

Address: _____ City: _____

Parent's Name(s): _____

Phone # (home): _____ (cell): _____

Email Address: _____

Registration Information

In consideration of accepting my entry, I do hereby for myself, my heirs, executors, administrators and assigns, waive and release all claims, damages, which I may have or which may hereafter accrue to me against the Carroll County Community Center, its sponsors, representatives or assigns for any and all damages which may be sustained and suffered by me in connection with my association with or participation in the program. I attest I am physically fit and have full knowledge of the risks involved in the program. Participants and members involved in activities and classes give permission for use of their name, photograph, or other likeness of themselves, their oral or written statement; or other aspects of their personalities in whole or part for advertising or similar purposes. They give consent voluntarily and without expectation of any remuneration or reward and waive all rights to any such remuneration or reward.

Participant/Guardian's Signature: _____

This program includes a Team shirt, please indicate size:

CHILD SIZES

XS (2-4) S (6-8) M (10-12) L (14-16)

ADULT SIZES

S M L XL

Volunteer coaches are needed (one of the coach's children plays for FREE to first 4 volunteers)
Please sign up if you are able to help, you will be charged if you are not helping each week.

Name _____

Phone# _____ E-Mail _____