

3rd & 4th Basketball Registration
Registration Deadline: Friday, October 5
Please return forms to the Tonganoxie Recreation Commission

PLAYER NAME _____ MALE _____ FEMALE _____

ADDRESS _____ PHONE _____

CITY _____ ZIP CODE _____

BIRTHDATE _____ GRADE _____

PARENTS/CONTACTS NAME _____ PHONE _____

EMAIL ADDRESS _____

Would you like to join our Online Newsletter Group? YES NO Already a Member

Do you reside/own property within the boundaries of USD #464 School District Yes No

SHIRT SIZE: Youth Sm _____ Youth Md _____ Youth Lg _____
Adult Sm _____ Adult Md _____ Adult Lg _____ Adult X-Lg _____

Parents, due to participation numbers, special requests can no longer be honored. Late sign-ups will be placed on teams at the discretion of the Recreation Commission if space is available for extra players.

Night(s) unable to practice: _____

Exception:

Does participant have a sibling within the same league who needs to be on the same team? __

Volunteer Coaches are needed. Please fill out the following if you are willing to coach. TRC will conduct background checks on all youth sport coaches. Criteria for exclusion will include a conviction of any felony or misdemeanor that would be considered a potential danger to children or is directly related to the functions of that volunteer.

Name _____ Shirt Size _____ Phone(H) _____

Phone(W) _____ Email _____

PARENT/GUARDIAN: I hereby state that I am fully aware of the above-described activity and that above said player has no physical, mental, or emotional conditions that would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, its employees, volunteers, or agents from any claim that the said player might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said player to participate in the above-described activity.

SIGNATURE: _____ **DATE** _____