

**5<sup>th</sup> & 6<sup>th</sup> Basketball Registration**  
**Registration Deadline: December 7**

PLAYER NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ 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: \_\_\_\_\_

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** \_\_\_\_\_