ADULT SPORTS TEAM ROSTER

NAME OF TEAM_____ LEAGUE _____ DIVISION_____

Print or Type Name	Player's Signature	Parent/Guardian Signature for Players Under 18	Address	Phone Number

ALL PLAYERS MUST SIGN ROSTER

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive any and all rights and claims for damages I may have against the sponsors, coordinating groups and any individuals associated with the event, their representatives, successors and assignees for all injuries suffered by me in connection with said event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with said event. I recognize that there may be potential hazards in this activity. I am in good enough physical condition to participate in this activity. In filling out this form, I acknowledge that I am an amateur in such events. I also give permission for the free use of my names and picture in any broadcast, telecast or print media account of this event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions.

Manager's Signature _____

Phone (H)_____ (W)_____

Address _____

City/State/ZIP _____

2010 YOUTH SPORTS RECREATIONAL BASKETBALL REGISTRATION

Mail or hand-deliver to: Youth Sports, Holcom Park Recreation Center, 2700 W. 27th St., Lawrence, KS 66047

$15 LATE FEE AFTER SEPTEMBER 15

Participation Fees	
K-4th grade	$40
5th & 6th grades	$50

Player's Name *(one child per form)*_____ Home Phone _____
Last First

Address _____ Birth Date _____
Street City State ZIP

Current Grade *(2010-11 school year)* _____ ☐Male ☐Female E-mail _____

School Attending *(If private or homeschooled, please note which USD 497 school child would attend)* _____

Name **ONE** friend you would like to be placed on a team with _____ School _____
Last First

We will do our best to place your son/daughter on a team with the ***CLASSMATE OR FRIEND*** listed above (friend must be registered by the deadline).
Some schools may not have all their classmates on the same team.

Participant's Parents' Names: Father _____ Mother _____

I consent to my child's participation in the Lawrence Parks and Recreation-sponsored Youth Sports Program. I recognize there may be potential hazards in this activity. He/She is in good physical condition and will follow all Lawrence Parks and Recreation rules and regulations. I also consent to the use of my child's photo in publicity material for the Lawrence Parks and Recreation Department.

Participant's or Guardian's Signature _____ Date _____

Check league that applies: **$15 late fee after September 15**

a) Intro (K, kindergarten boys)
b) Intro (Kg, kindergarten girls)
c) Rk1 (1st-grade boys)
d) Rk2 (2nd-grade boys)
e) Rkg (1st- & 2nd-grade girls)
f) Rec 3 (3rd-grade boys)
g) Rec4 (4th-grade boys)
h) Rg (3rd- & 4th-grade girls)
i) JH5 (5th-grade boys).
j) JH6 (6th-grade boys)
k) JHG (5th- & 6th-grade girls)

Parent Volunteer Coaches Needed! (Head coaches only)

I wish to be considered as a head coach for my son's/daughter's basketball team___ **(deduct $10 if you sign up PRIOR to deadline)**
Please note: Not ALL who sign up to coach will be given a team. There may be several people who are assigned to one team as co-coaches.

Name _____ School _____

Address *(if different from above)* _____

E-mail _____

I coached last year _____ Home Phone _____ Daytime Phone _____

OFFICE ONLY:
Code#: 424101

Cash _____ Check #_____
Amt $_____ Date _____
Rec by_____
Location _____
League _____ Team # _____