

SIMPSONVILLE PARK AND RECREATION

2010/2011 Basketball Registration

Visit Our Website at cityofsimpsonvilleky.com

Please **Circle** Appropriate Age Group:

Pee Wee Basketball	4 yrs. - K Co-Ed	\$45.00
Instructional League	1 st & 2 nd grade (Draft, Mon., Oct.18, 6:30 PM)	\$50.00
Youth Basketball	3 rd & 4 th grade (Draft, Mon., Oct.18, 7:30 PM)	\$50.00
Youth Basketball	5 th & 6 th grade (Draft, Tues., Oct.19, 6:30 PM)	\$50.00
Youth Basketball	7 th - 9 th grade (Draft, Tues., Oct.19, 7:30 PM)	\$55.00
Youth Basketball	10 th - 12 th grade Co-Ed	\$55.00

Please CIRCLE Skill Level BEGINNER INTERMEDIATE ADVANCED

Registration Deadline: FRIDAY, OCTOBER 8

No refunds! No Exceptions! Late Registrations - \$10 Fee & will be placed on waiting list!

Parents are **required** to volunteer at least 1 hour in concession stand throughout the season

PLAYER'S NAME: _____ GENDER: _____ M _____ F

DATE OF BIRTH: _____ GRADE: _____ PHONE #: _____ CELL #: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

CIRCLE Shirt Size - YOUTH: 6-8 10-12 14-16 ADULT: Small Medium Large X-Large

I/We the parent(s) or legal guardian(s) of the above named minor hereby give approval for participation in any and all practices, games, and other activities related to the Basketball League.

I/We understand that participation in recreational sports may result in serious injury and that protective equipment and other measures do not always prevent injuries. I/We hereby waive, release, absolve, indemnify, defend, and agree to hold harmless the City of Simpsonville, Municipal Building Corporation, its advisory committee, Simpsonville City Officials, Agents, Employees, Representatives, Parks Board, league organizers, sponsors, supervisors, and participants from activities for any claim arising out of injury to my/our child whether the result of negligence or any other cause.

*****Please list any medical/physical problems or limitation in which your child may have of which the league and coaches should be made aware, and if so please explain:**

E-Mail Address: _____

Parent/Guardian's Name(s)- Please Print: _____

PARENT/GUARDIAN'S SIGNATURE: _____

____ YES ____ NO **I give permission for my child's picture (without name) to be used on the Park's Website at cityofsimpsonvilleky.com.**
(Pictures used for promoting Park programs and events only)

FOR QUESTIONS CONTACT **VIRGINIA** AT:
virginia@cityofsimpsonvilleky.com OR
220-6405 (Please leave a message)

Office Use Only: Date Rec'd: _____ Amount: \$ _____

Cash: ____ Check #: _____ Rec'd By: _____

*****continued on back*****

Coaching Information

Please consider coaching a team in the parks system this season. We always need good people that are dedicated to our great community and our children. Thank you in advance for volunteering your time.

Coach's Name: _____ (circle one) Head Coach Assistant

E-Mail Address: _____ Age Group: _____ Shirt Size: S M L XL XXL

Phone numbers: Home: _____ Cell: _____ Work: _____

Sponsorship Information

Please consider sponsoring a team and showing your commitment to the park system and the teams. Businesses/organizations will receive their name on the team uniform and a "Thank You" plaque for display. Thank you in advance for your participation.

YES, I would love to sponsor a team! _____ I have enclosed my \$150.00 check made payable to Simpsonville Park & Recreation. With your sponsorship you may also advertise on our website. You must supply a 175 x 175 pixels image – business card size – and email to simpsonvillepark@aol.com. Your website will also be linked to the Park's website

Website: _____

Sponsor Name: _____

Contact Person: _____ Phone Number: _____

Business Address: _____

Business Email Address: _____

Office Use Only: Date Rec'd: _____ Amount: \$ _____ Cash: ____ Check #: _____ Rec'd By: _____
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Mailing Address:
Simpsonville Park & Rec.
Attn: Denise Miller
P.O. Box 557
Simpsonville, KY 40067

Drop-Off Address:
Simpsonville City Hall
108 Old Veechdale Road
Simpsonville, KY 40067

Mail or drop-off at City Hall
(after hours use night-drop box in back of City Hall)