

SAMSON RECREATION DEPARTMENT
BASKETBALL REGISTRATION FORM

Tiny Mites - Ages 5-6 _____

Registration Fee Paid _____

Mites - Ages 7-8 _____

Birth Certificate _____

Pee Wee - Ages 9-10 _____

Proof of Insurance _____

Midget - Ages 11-12 _____

Date of Birth _____

Age on Sept. 1, 2021 _____

Male _____ Female _____

Registration Fee is \$40.00 for the 1st child and \$35.00 for each additional child.

SHIRT SIZE _____

If there are enough children to have separate boys and girls teams, we will, if not, they will play together.

Child's Name: _____

Home Address: _____

Please note any allergies, physical disabilities, required medication or other special needs that the Coach should be made aware of: _____

Parent/Guardian:

Name: _____

Home Phone # _____ Cell Phone # _____

In Case of Emergency Contact:

Name: _____ Relation to Child: _____

Address: _____ Phone # _____

Parents Agreement and Power of Attorney

I am willing for the below named student to participate in the Samson Recreation Department's Basketball Program.

I am willing to carry health and accident insurance for this student while he/she is participating and traveling to and from same.

I realize participation in these sports could result in a permanent disabling injury or terminal injury.

I will not hold Samson Recreation Department, Coaches, Sponsors or any Officials responsible in any way in case of injury. We have insurance on our participating child that will be in effect for the entire season with: _____

Name of Insurance Company

I am willing to accept the decision of the Coach or Sponsor as to the mode of transportation and the handling of emergencies.

I will not hold Samson Recreation Department, Coaches or Sponsors liable for any misfortune or accident that occurs in practice, trips or in the games.

I hereby authorize and empower the Samson Recreation Department, Coaches or Sponsors, all or either of them, to secure necessary and required medical aid for the below named student while participating in the Samson Recreation Department's Basketball Program. Further, if an emergency should arise necessitating surgery by reason of illness of the student or accident, the said Coach, Sponsor, all or either of them, may execute any medical or hospital authorization for and in behalf as if I were personally present.

It is agreed and understood that prior to exercising the above Power of Attorney in the event of an emergency, the above named Samson Recreation Department, Coaches or Sponsors therefore shall make every effort to contact the parent or guardian for oral approval or disapproval.

By signing, you state that you agree that your child will abide by the rules and regulations or he/she will not be allowed to participate in this program.

Name of Player: _____ **Date:** _____

Signature of Legal Parent/Guardian: _____