



**Greene County  
 Dept. of Parks & Recreation  
 Winter 2008/2009  
 Youth Basketball League  
 & Cheerleading**



Child's Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Did you play Winter 2008? \_\_\_\_\_ How Many Years Playing Basketball? \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Person (s) permitted to pick up your child at the end of play \_\_\_\_\_

Name of Person (s) to contact in case of emergency \_\_\_\_\_

Your child will not be permitted to leave with any person  
 not previously approved by parent or guardian

Please Circle Division:

Pee Wee	Grades K & 1	01/10/09 - 2/21/09 (7 week program)	\$40
Rookie	Grades 2 & 3	01/17/09 - 3/07/09 (8 week program)	\$45
Junior	Grades 4 thru 9	12/15/08 - 3/14/09 (10 week program)	\$55
Cheerleading Grades 1 thru 3		01/10/09 - 2/28/09 (8 week program)	\$40

Uniforms (T-Shirts):

Youth:	YS (6-8)	YM (10-12)	YL (14-16)	
Adult:	AS	AM	AL	AXL

\*\* No weekday practices for Pee Wee AND Rookie \*\*

The Greene County Department of Parks and Recreation does not provide medical coverage for individual participants. All medical insurance protection must be provided by the parents or participants. In the event of an emergency, I hereby give my consent for the program supervisor or the Parks and Recreation Department to administer first-aid or seek medical attention for my child. I will not hold Department Personnel, Instructors, School personnel, Volunteers, or the County of Greene responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risk involved with this activity and know that my child is/I am physically able to participate in this program.

Does child have any allergies to food or medication? \_\_\_\_\_

Is your child currently taking any medications? \_\_\_\_\_

Does your child have any medical condition that may prevent him/her from participating in physical activities? \_\_\_\_\_

Name & Telephone # of child's physician: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

*\*If your child becomes ill or injured, you will be notified immediately. You must make arrangements to have your ill child picked up immediately.*

#### TEAM SELECTIONS

*\*\*\*Teams are randomly selected according to age and gender. The size of the team will depend on the number of coaches per division. \*\*No special coaching request will be taken, unless the children are siblings or in the same household. No Exceptions!*

**Volunteer Coaches are needed. ALL coaches go through a training seminar and sign a code of ethics. Selected coaches will receive a registration waiver.**

**REGISTRATION DEADLINE—DECEMBER 5, 2008**