

**BARDSTOWN PARKS & RECREATION DEPARTMENT**  
**SENIOR LEAGUE BASKETBALL**

(Permission/registration form)  
PLEASE PRINT CLEARLY

The Bardstown Parks & Recreation Department is now organizing the 2018 Senior Basketball League. The Senior League is open to anyone enrolled in grades 9-12 and has not played in a school team game this season. A player may not be 19 years of age before January 1 of the current year. There will be no refunds given to anyone without a medical reason.

**Registration is due February 22, 2018 by 5:00p.m.**  
**NO LATE REGISTRATION WILL BE ACCEPTED!**  
**Registration Fee - \$50**

Player's name: \_\_\_\_\_ City or County Resident  
(Circle one)  
Address: \_\_\_\_\_ Email \_\_\_\_\_  
Parents Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_  
Name of School Attending \_\_\_\_\_ Male or Female  
(Circle one)  
Parent or guardian names \_\_\_\_\_

**\*\*\*\* In order to reserve team color, team rosters must be turned into the Recreation Department**  
**\*\*\*\*Team colors are on a first come first serve basis.**  
**\*\*\*\*Uniform Numbers Must Be Legal Basketball Numbers Screen Printed On Shirts**

**RELEASE OF LIABILITY**  
PLEASE READ AND SIGN

I understand that because of the potentially hazardous nature of this activity that an injury might be sustained and that the City of Bardstown Government, the Recreation Department and staff will exercise care and precaution in the supervision thereof. However, recognizing the inherent risk of injury, I nevertheless waive, release and discharge and agree to indemnify and hold harmless, the City of Bardstown, their officials, employees, agents and staff, including but not limited to the personnel and volunteers from any and all liability for injuries or damages which may arise from any and all negligent acts or conduct of commission or omission, if any other injury arising from this program which may be sustained by me or my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date Paid \_\_\_\_\_ Initials \_\_\_\_\_