BARDSTOWN
PARKS AND RECREATION

Last day to Register:

Girls is Oct. 18, 2019

Boys is Dec. 13, 2019

BEGINNER BASKETBALL LEAGUE - BOYS AND GIRLS
PRE-K - 3RD GRADES, AGE RANGE 4 - 9, AS OF OCTOBER 1, 2019

The Bardstown Parks & Recreation Department is now organizing the 2019/2020 Fifth Quarter Basketball League.

Players Name:	**Male / Female**
Address:	**City / County**
Town:	**Date of birth:**
Phone #:	**Age as of 10/1/19:**
School:	**Grade:**
Email:	**Team last season:**

NO ADMISSION FEE WILL BE CHARGED FOR THE GAMES

Note: Children will receive the shirt size that is marked on this form. (Circle one)

SHIRT SIZE: XTRA SMALL SMALL (6/8) YOUTH MED. (10/12) YOUTH LG. (14/16)

ADULT SM. ADULT MED. ADULT LG.

RELEASE OF LIABILITY (PELASE READ AND SIGN)

I understand that because of the potentially hazardous nature of this activity that an injury might be sustained and that the Bardstown Parks & 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 or any other injury arising from this program which may be sustained by me or my child.

I hereby grant the City of Bardstown permission to take, use, reuse, and publish: photographs and/or videos of me/my child in any and all of its publications and in any and all other media, including but not limited to use and publication on the internet, webpages, and social media accounts, whether now known or hereafter existing, controlled by the City of Bardstown, in perpetuity and for other use by the City of Bardstown. I hereby release and discharge the City of Bardstown, their directors, employees, agents, representatives, licensees, and other related parties from any and all claims, demands, actions, causes of action, and costs of any nature arising from or related to the use, re-use, and publication of the aforesaid photographs and videos, including but not limited to claims for libel and invasion of privacy.

Parents' or Guardian Names (PRINT):_____

Parent/Guardian's Signature:_____ Date:_____

I AM INTERESTED IN (CIRCLE ONE): COACHING ASST. COACHING

Coaches may choose (1) assistant coach per team.

Players will be placed on teams by blind draw

FEE: $45.00 MAKE CHECKS PAYABLE TO BARDSTOWN REC. DEPT.

CHECK # _____ CASH _____ DATE PAID _____ INITIALS _____