

MITCHELL COUNTY RECREATION DEPARTMENT – 2022-2023

3rd Through 8th Grade Basketball

**Registration Deadline: Friday, December 10th - Return form to school attending.
FORMS TURNED IN AFTER THIS DATE WILL NOT BE ACCEPTED!**

Fees: \$50 per child (nonrefundable) to be paid with application.

Fees must be paid when registration form is returned. Please call Brock Duncan at 385-1487 or Ryan Cook at 385-2657 if you need assistance with fees. A registration form that is not accompanied by a payment will not be accepted.

Child's Name: _____

Address: _____

Phone #: _____ Grade: _____ Age: _____ Date of Birth: _____

Male ☐ Female ☐ School Attending: _____ Weight: _____

Circle shirt size: Youth: Medium Large Adult: Small Medium Large X-Large

Medical information (any health information needed for child's safety) _____

Emergency Contact: _____ Phone #: _____

E-Mail Address: _____

I understand that injuries can occur when involved in a physical activity. I will not hold Mitchell County or staff responsible for any injuries that may occur while my child is participating in this sport. I understand that parents may not choose their child's teammates or coach. I also understand that during the COVID-19 pandemic that there is a risk that you or your child may be exposed or contract the virus. I will not hold Mitchell County or staff responsible for any injuries, sickness or exposure to the virus that may occur while my child is participating in this sport. I understand that Mitchell County Recreation Department rules are designed to promote the safety and enjoyment of all participants in its programs. I will abide by these rules, whether I like them or not, and if I am unruly in any way I will leave the playing grounds without any problems if asked to do so. All conflicts between parents, coaches, and/or children should be directed to Brock Duncan, Director. If you take it upon yourself or your child takes it upon his/herself to handle the conflict the parent and/or child may be reprimanded.

Parent/Guardian Signature: _____ Date: _____

If you want to coach or help coach, please sign here: _____

Note: Fees are used in part to provide gap medical insurance that picks up where your primary insurance coverage leaves off in the event your child is injured in a game. Any claims must be submitted to the primary carrier first.

**PLEASE READ AND SIGN PARENT CODE OF
CONDUCT ON BACK OF PAGE...**