

**LOUDON PARKS & RECREATION  
YOUTH BASKETBALL REGISTRATION FORM**

SHIRT SIZE (Circle Size)  
YOUTH: S M L  
ADULT: S M L XL XXL

SHORT SIZE (Circle Size)  
YOUTH: S M L  
ADULT: S M L XL XXL

Must be in first grade to play.

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

**PARENT OR GUARDIAN**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Emergency Name \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Other Children Participating: \_\_\_\_\_

Dues Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Received by \_\_\_\_\_

**If you are interested in coaching or volunteering, please complete an application.**

**RELEASE FORM**

I assume all risks, hazards and liability, incidental to participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and hold harmless the City of Loudon, The Parks and Recreation Department, its organizers, employees, instructors, participants for any claims arising out of injury, illness or loss or property. I authorize the City of Loudon Basketball officials, in my absence, to apply medical treatment or to permit treatment of my child as deemed necessary by them, in the event of illness or injury during participation in the City of Loudon Basketball Program. I will not hold the City of Loudon Basketball Program or its officials responsible for any accident or injury that may occur or any problem that may occur due to the treatment or permission of treatment.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**I HAVE RECEIVED A  
COPY OF THE  
PARENT/GUARDIAN  
HANDBOOK AND  
BEFORE SIGNING, I  
MUST READ THE RULES  
OF CONDUCT IN THE  
PRESENCE OF A PARKS  
AND RECREATION  
EMPLOYEE.**

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Parent /Guardian Signature