

# Prattville Parks and Recreation Department

## COED BASKETBALL LEAGUE

Return Address  
 101 West Main Street  
 Prattville, AL 36067



**Shirt Size** \_\_\_\_\_  
 Please indicate youth or adult size  
 If you do not specify a shirt size your  
 child will receive the most common  
 Shirt size for his/her age group

\_\_\_\_\_  
 Participants Name

MALE ( ) FEMALE ( )  
 BASKETBALL EXPERIENCE ( )  
 RETURNING PLAYER ( )

\_\_\_\_\_  
 Address (P.O. # and/or street) City Zip

To be filled out by parent or guardian

Birth day: \_\_\_\_\_ Today's Age: \_\_\_\_\_  
 Month Date Year

**SPECIAL NOTE:** \_\_\_\_\_

\_\_\_\_\_  
 Mother's Name ( ) ( ) E-mail \_\_\_\_\_  
 Cell Phone Home Phone

\_\_\_\_\_  
 Father's Name ( ) ( ) E-mail : \_\_\_\_\_  
 Cell Phone Home Phone

**PREFER TO BE CONTACTED BY; PLEASE MARK WITH AN ( X ): Cell Phone** \_\_\_ **Home Phone** \_\_\_ **or E-mail** \_\_\_

I would like to volunteer in this program as:  
 Head Coach: \_\_\_ Assistant Coach: \_\_\_

**PHOTO POLICY**

Photos are periodically taken of participants in our Programs. These photos may be used in our brochures. If you do not want to be apart of this photo policy please advise.

**Waiver of Liability**

I, the undersigned, understand and acknowledge that participating in a recreational activity can be hazardous and I realize that no one should enter into a recreational activity unless the participant is medically able. I/We assume all risks associated with this activity including, but not limited to: falls, contact with other participants or equipment, effect of weather, equipment failure, and condition of the playing area. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove to be harmful to a participant. Having read this waiver and in consideration of acceptance of my entry into the program, I and everyone entitled to act on my behalf waive and release the City of Prattville, The Parks and Recreation Department, its co-sponsors, their representatives and successors from all claims and liabilities of any kind arising out of my participation or my child's participation in this activity.

Signature: \_\_\_\_\_  
 Of participant (age 18 and over)  
 Of Parent or Guardian (if under age 18)

Today's Date: \_\_\_\_\_

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Office Use Only

Non City Limits \$ \_\_\_\_\_  
 Resident Fee: \$ \_\_\_\_\_ Total Paid: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_ Check: \_\_\_\_\_ Credit Card Rec \_\_\_\_\_  
 Received By: \_\_\_\_\_ Date: \_\_\_\_\_

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