

New Bern Girls Basketball League 2007-2008 Registration Form

Cash
Check #
Fee Paid \$ _____
Date Paid _____ / _____ / _____
Received By _____

Registration fee is \$35.00

Name of Player _____
First Middle Last

Age _____ DOB _____ Grade _____ Height _____ Weight _____

Home Address _____ NC
Street City State Zip

Home Phone _____ Business Phone _____

Mother/Father Name _____ or Guardian's Name _____

Email _____ Cell Phone _____

Does the child have any allergies and/or is there any medical information we should be made aware of? If yes, please explain. _____

Divisions: _____ **K-1st** _____ **2nd-3rd** _____ **4th-5th** _____ **6th-8th**
****Player must not be older than 14 years of age.****

Age is determined by the child's age on December 31. ALL PLAYERS WILL BE REQUIRED TO PROVIDE A COPY OF THEIR BIRTH CERTIFICATE BEFORE BEING ASSIGNED TO A TEAM.

****Each player will be provided with a jersey.****

Jersey Size (circle one): **YOUTH:** Small _____ Medium _____ Large _____
ADULT: Small _____ Medium _____ Large _____ X-Large _____

Would you be interested in being Head Coach? _____ Assistant Coach? _____

REGISTRATION FEES ARE NON-REFUNDABLE

Make checks payable to **New Bern Girls Basketball League**. Mail check and Registration Form to Mike Swindell, 1706 Franks Avenue, New Bern, NC 28560. For additional information, contact Mike at 229-6223. Forms may be downloaded on-line at www.cravencounty.com/parks/rec1.cfm.

Liability Release

I, the undersigned, do hereby assume responsibility for any accident or any injury incurred that may result from my child's participation in the practices, games, and events associated with the New Bern Girls Basketball League. I hereby remise, release, and forever discharge the New Bern Girls Basketball League, its Officers and Coaches, Craven County Recreation and Parks Department and Craven County Schools from suits of law, or whatsoever nature, regarding my child's participation.

Signature of Parent/Guardian _____ Date _____