

CRAVEN COUNTY RECREATION AND PARKS DEPARTMENT
406 Craven St.
New Bern, NC 28560
(252) 636-6606
Youth Basketball Participation Form

Athlete Information

Player's Name _____ Date of Birth _____ Age _____
(As of Jan. 1st)

Address of Player _____
(Street) (City) (Zip)

School _____ Grade _____

Did you play last year? _____ If so what team? _____

Physician _____ Phone # _____

Circle T-Shirt size: YM YL AS AM AL AXL

Parent Information

Parent's Name _____ Work Phone _____ Home Phone _____

Are you interested in being a volunteer coach? yes no

- Registration fee is \$25.00 for the 1st child/ \$20.00 for additional children
- Make checks payable to Craven County Recreation Dept./ No Refunds
- Most practices and games will be held at Vanceboro Farm Life Elementary
- Participants will receive a team T-shirt
- Trophies will be awarded at the end of the season

PARENTAL PERMISSION

As parent or legal guardian of _____ I hereby give my permission for him/her to play and practice Basketball. I will not hold Craven County Recreation and Parks Department, Craven County Board of Commissioners, Craven County, Craven County Schools, Principals, Coaches, Recreation Staff or volunteers responsible in case of injury during practice or games. I also grant permission for treatment deemed necessary for a condition arising from participation in these activities, including medical, dental or surgical treatment recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment.

Parent or Guardian's Signature

Date

*****For Office Use Only*****
Birth Certificate Verification _____ Fee Paid _____ Date Paid _____