

Date Paid: _____ Rec. #: _____ Amt. Paid \$: _____ Cash/Check/Other

CHILD AGE OF TODAY _____

2008 / 2009 CITY OF HORN LAKE BASKETBALL PROGRAM AND GIRLS CHEERLEADING

*It is my option to request my child not be coached by the following individual _____
All complaints will be in writing to the Park Director after first talking to the Coach*

I REQUEST FOR MY CHILD TO BE COACHED BY _____

SCHOOL ATTENDING: _____

DATE OF BIRTH: _____ / _____ / _____
MONTH DAY YEAR

Player's name on Birth
Certificate: _____

Last

First

Middle

Address: _____ City: _____ State: _____ Zip: _____

Sex: Male / Female

Home Phone: _____

Father's Name: _____ Work Phone: _____

Cell Phone: _____

Beeper: _____

Mother's Name: _____ Work Phone: _____

Cell Phone: _____

Beeper: _____

Name of Child's *primary* insurance carrier: _____

Doctor's name or Medical Group: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Previous Year Team _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the City of Horn Lake Ball Program. The undersigned parent/guardian consents for all medical care prescribed by a duly licensed doctor of medicine for the above registrant under whatever conditions are necessary to preserve life, limb or well being of the registrant, required as a consequence of participation in this ball program. In consideration of participation in this activity, I agree that any liability of the city and/or Ball program is limited to applicable insurance coverage. I know of no medical or other reasons why the registrant should not or could not participate in sports activities and I consent to participate in this ball program. I authorize the officers, leaders, and coaches of the City and/or Ball Program to transport the player as required for ball activities or medical treatment growing out of ball activities. I understand that youth player insurance coverage, is included as part of the registration fee and is supplemental to my own coverage.

Signed: _____ **Date:** _____
Parent/Legal Guardian

FEE \$65.00 PAYS FOR UNIFORM / INSURANCE
ALL UNIFORMS WILL BE IDENTICAL

Child's uniform size SHIRT _____ SHORTS _____
 YOUTH SMALL MEDIUM LARGE
 ADULT SMALL MEDIUM LARGE

PARENT CAN SUPPORT THE BALL PROGRAM BY BEING A CERTIFIED COACH OR ASST COACH