



For Office Use Only:	
Draft	Non-Draft
B.C.	Yes No
Playing Age	
League	
Team	
Reg. Pd.	Yes No
Staff Initials	

2013-2014 YOUTH BASKETBALL REGISTRATION

THOSE ELIGIBLE TO PARTICIPATE:

- *Must be children who are residents of the City of Kingsport, whose parents own property in the City of Kingsport or children who attend Kingsport City Schools.
- *Parents or guardians must complete this form with fee and return to the attention of the ATHLETIC OFFICE in the CIVIC AUDITORIUM, 1550 Fort Henry Drive, Kingsport, TN 37664.
- *Parents or guardians will be asked to present an ID to verify proof of address upon registration. If a person mails in their registration form, they will need to present a copy of their ID.

Please Check One or More of the Following:

CITY RESIDENT _____ CHILD ATTENDS CITY SCHOOL _____ OWN CITY PROPERTY _____

REGISTRATION FEE IS \$20.00

(Fee may be waived under special circumstances)

A \$5.00 LATE FEE WILL BE CHARGED AFTER DEADLINE AND CANNOT BE WAIVED!!!

PLEASE CHECK BELOW:

- ___ 1. Bantam (Ages 5-6)
- ___ 2. Pee Wee Boys (Ages 7-8)
- ___ 3. Pee Wee Girls (Ages 7-9)
- ___ 4. Midget Boys (Ages 9-10)
- ___ 5. Junior Girls (Ages 10-12)
- ___ 6. Junior Boys (Ages 11-12)
- ___ 7. Intermediate Boys (Ages 13-14)
- ___ 8. Senior Girls (Ages 13-15)
- ___ 9. Senior Boys (Ages 15-17)

REGISTRATION PERIOD:

- Starts: Tues, Sept. 3 – Ends: Fri, Oct 11
- Starts: Tues, Sept. 3 – Ends: Fri, Oct 11
- Starts: Tues, Sept. 3 – Ends: Fri, Oct 11
- Starts: Tues, Sept. 3 – Ends: Fri, Oct 11
- Starts: Tues, Sept. 3 – Ends: Fri, Oct 11
- Starts: Tues, Sept. 3 – Ends: Fri, Oct 11
- Starts: Tues, Sept. 23 – Ends: Fri, Oct 18
- Starts: Tues, Sept. 23 – Ends: Fri, Oct 18
- Starts: Tues, Sept. 23 – Ends: Fri, Oct 18

EVALUATION:

- N/A
- N/A
- N/A
- Tues, Oct 22, 6pm, VO Dobbins
- Thurs, Oct 24, 6pm, VO Dobbins
- Tues, Oct 29, 6pm, VO Dobbins
- Tues, Nov 5, 6pm, VO Dobbins
- Thurs, Oct 31, 6pm, VO Dobbins
- Thurs, Nov 7, 6pm, VO Dobbins

AGE ON AUGUST 1st, 2013 DETERMINES PLAYING AGE

Child's Name _____ Date of Birth ___/___/___ Birth Certificate No. _____

Address _____ Zip Code _____ Home Phone _____ Cell Phone _____

Cell Phone Carrier (For Text Alerts and Program Updates): Verizon ___ AT&T ___ Sprint ___ Other (Specify) _____

Email Address _____ Male _____ Female _____

Did your child play city recreation basketball in 2012-2013? ___ If so, what league? _____ What team? _____

Does your child have any medical or physical problems? ___ If so, please explain: _____

School Attending: _____ Age on 8/1/13 _____

VOLUNTEER COACHES are needed. If interested, please sign below: BG Check _____

Name _____ Address _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email Address _____

All volunteer coaches will be required to sign a consent form in order for a mandatory annual background check to be conducted.

RELEASE OF ALL CLAIMS

I hereby agree to carefully abide by all rules and regulations set by Kingsport Parks & Recreation. In consideration for the City of Kingsport providing recreational activities, I hereby release the City of Kingsport and its agents and employees from any and all liability, claims or demands which in any way arise out of my child's participation in these activities.

This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I further state that I have carefully read the foregoing release and know its contents, and I sign my name as my own free act.

(Please PRINT parent / guardian signature)

(Participant's parent / guardian signature)

(Date)