

Smithville Dribblers

2016-2017 Registration Form

Please bring completed forms along with payment to the Rec Center; 106 Royston, Smithville, TX 78957.

FEES: Until 11/27/16 - \$45 for the first child/\$40 thereafter; 11/28/16 - 12/04/16 is \$55 per child.

We accept cash, check, Visa, MasterCard and Discover.

Child's Name: _____ Age: _____ Grade: _____ DOB: _____ Gender: M / F

Check Division: PEE WEE (4yrs old – Kinder) JUNIOR (1st - 2nd Grade)
 INTERMEDIATE (3rd - 4th Grade) SENIOR (5th - 6th Grade)

Years of Basketball Program Experience (circle one): 0 1-2 3-4 5-6 7+

Player's Shirt Size (Circle ONLY one): YS YM YL AS AM AL AXL

Mother's Name: _____ I would like to: Head Coach _____ Asst. Coach _____

Father's Name: _____ I would like to: Head Coach _____ Asst. Coach _____

(Coaches will be chosen on a first come basis and/or by experience level; volunteer forms must be submitted 48 hrs. before the registration deadline).

Address: _____

Email Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact Name: _____ Phone: (_____) _____

Relation to Child: _____

Please List Any Medical Issues: _____

Physician's Name: _____ Phone: (_____) _____

We do our best to help accommodate players' schedules as well as transportation requests. However, we can **NOT GUARANTEE** all requests will be honored and there will be absolutely **NO REFUNDS** given to individuals unable to attend practices or games.

PRACTICE REQUEST:

Please list one (1) day of the week that is *absolutely awful* for your child to participate in practices.

Day: _____ Time: _____

TRANSPORTATION REQUEST:

Transportation requests will **ONLY be granted for siblings** in the same age division. There will be NO other special requests granted.

Please list the sibling's full name: _____

I, the parent/guardian of the participant, a minor, hereby give my approval to his/her participation in the **Smithville Dribblers League**. I also agree the participant and I will abide by the rules of the organization. Recognizing the possibility of physical injury associated with basketball and in consideration of the league accepting the participant for its basketball program and activities, I hereby release, discharge, and/or otherwise indemnify the **City of Smithville, Smithville Indoor Recreation Center, and Smithville Parks and Recreation Department**, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the courts and facilities utilized for the program, against any claim by or on behalf of the participant as a result of the registrant's participation in the program. In case of my absence, I give permission for treatment of illness and/or injury that may be sustained while participating in said league. I also give permission for any photographs taken during these activities to be utilized for promotional uses by the City of Smithville Parks and Recreation Department now and in the future. *****WE MAINTAIN A STRICT NO REFUND POLICY*****

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____

City of Smithville Parks & Recreation

512.237.3282 Ext. 7

www.ci.smithville.tx.us

Office Use Only: Cash: \$ _____ CC: \$ _____ Check: \$ _____ # _____

Date Received: _____ Entered in Rec Desk _____ Staff Initial _____