

# Plattsmouth Community Center

## Youth Basketball Registration Form

**2018**

**Head of Household Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

We invite people of all abilities to participate in our programs. If your child needs special assistance please mark this box:

**Interested in coaching? Please print coach's name:** \_\_\_\_\_ **Shirt Size** \_\_\_\_\_

*If chosen, a background check will be required.*

OFFICE USE:

Staff Initials \_\_\_\_\_ Amount Pd. \_\_\_\_\_

PCC Member \_\_\_\_\_ Non-member \_\_\_\_\_

Cash \_\_\_ Check \_\_\_ CC \_\_\_

*Checks payable to Plattsmouth Community Center*

Participant First Name	Participant Last Name	Birthday	Grade	Gender: Male(M) Female (F)	Shirt Size: 6/8, 10/12, 14/16, AS, AM, AL

*Once teams are picked, refunds will not be given unless we're provided with a doctor's notice of inability to play.*

**Release of Liability**

By signing this form, I waive, release and forever discharge the PCC and its directors, officers, agents, employees, representatives, successors and assigns, administrators, executors and all others from any and all responsibilities or liability from injuries or damages resulting from participation in this activity. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself or child. I understand the inherent risk of injury when participating in strenuous activities and that I should contact a physician prior to participating in strenuous activities.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_