

Lindsborg Recreation Department



Youth Skills League



Youth Skills Basketball league is for boys and girls in **Pre-K - Kindergarten**. This program aims to teach basketball skills in a clinic type form through various drills modified for this age group. Formerly "Itty Bitty Basketball".

Complete this registration form and return it along with the registration fee to City Hall (M-F, 8 AM to 4:30PM). **Payments not accepted after 4:30PM**. Or after hours you can drop your registration and check/money order in the drop box located just outside the main doors. The LRD office phone number is: 785-227-3333. All registrations must be signed by a parent or legal guardian-NO EXCEPTIONS!

Registration Fee: \$30.00 Reside in city limits
\$35.00 Reside outside of city limits

Registration Deadline: February 3rd

LATE REGISTRATIONS ACCEPTED (ADDITIONAL \$5.00 LATE FEE WILL BE CHARGED)
TUESDAY & THURSDAYS starting February 7th through March 2nd
5:30-6:15pm in Forsberg Gym at elementary school

**Lindsborg Recreation Department
Parent/Guardian Consent Form &
Medical Treatment Authorization**

NAME OF PARTICIPANT _____ EMAIL _____
STREET ADDRESS _____ CITY _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
SEX: MALE / FEMALE (circle one) DATE OF BIRTH ____/____/____ AGE _____
SCHOOL CURRENTLY ATTENDING _____ GRADE _____

PLEASE LIST ANY MEDICAL CONDITIONS _____

T-SHIRT SIZE: Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
(Circle one)

TO WHOM IT MAY CONCERN: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of basketball at any time during the season, my child's team coaches, or any member of the LRD staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary. I understand my child's medical condition (if applicable) will be disclosed to LRD staff and the child's coach(es) and hereby give consent to such disclosure.

I, the undersigned, do hereby acknowledge that I have given my child permission to participate in basketball with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Lindsborg Recreation Department, City of Lindsborg, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind.

Furthermore, I do understand that accident insurance is NOT provided by LRD, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in basketball and to hold the City, LRD, its agents and staff harmless from liability for all such expenses.

I understand that a photo-copy of this document shall have the same force and effect as the original.

SIGNATURE _____
PRINT NAME _____
RELATIONSHIP _____ DATE _____

(IF THE NATURAL PARENTS OF THIS CHILD ARE NOT REGISTERING THIS CHILD TO PARTICIPATE IN BASKETBALL, PROOF OF LEGAL GUARDIANSHIP (TYPED AND NOTARIZED AFFIDAVIT FROM THE COURT OR DCF IS REQUIRED TO BE SHOWN, COPIED AND ATTACHED TO THIS FORM.