

Lindsborg Recreation Department



YOUTH BASKETBALL



Basketball Recreational leagues are for boys and girls in K - 6th grade. Complete this registration form and return it along with the registration fee **to City Hall during regular payment hours (M-F, 8 AM to 4:30PM), payments will not be accepted AFTER 4:30PM.** Registrations and fees can be dropped off after hours 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: December 5th

LATE REGISTRATIONS ACCEPTED UNTIL December 12th (ADDITIONAL **\$10.00 LATE FEE** WILL BE CHARGED). AFTER December 12th KIDS WILL BE PLACED ON A WAITING LIST, THERE IS NO GUARANTEE THAT THEY WILL BE PLACED ON A TEAM AT THAT TIME. IF SHIRTS HAVE BEEN ORDERED, IT WILL BE UP TO THE PARENT TO PAY THE DIFFERENCE IN PRICE.

******League play for 2018-2019 will be with Salina YMCA teams; games will be Saturdays starting Jan. 19 – Feb. 23.**

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

NAME OF PARTICIPANT _____ E-MAIL _____
STREET ADDRESS _____ CITY _____ ZIP _____
DAY PHONE _____ GENDER (circle one) MALE / FEMALE GRADE _____
T SHIRT SIZE: **Youth S Youth M Youth L Adult S Adult M Adult L Adult XL**

Would you be interested to coach your child's team?	Yes	No
Would you be interested to assist a coach for your child's team?	Yes	No

****All head coaches will be refunded their child's registration fee. You will be notified when teams have been decided.**

PLEASE LIST ANY MEDICAL CONDITIONS _____

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 _____