LION LEAGUE BASKETBALL REGISTRATION FORM

(COMPLETE ONE FORM PER CHILD)

General Information

Grades Pre-K-6th

Fee $35 (includes team shirt, insurance, trophy). The fee is all inclusive (no admission at the door). All proceeds go to the Kim

Rushing Scholarship and Camden Rebound Club.

Mail Registration to: Tonya Reynoldson, 264 Hwy 641N, Camden, TN 38320 *or* turn into Coach Renee Wyatt at CHS *or* drop by

Camden Eye Care Associates

FORMS ARE DUE NO LATER THAN TUESDAY, DECEMBER 8

Games will be played on Saturdays (1/9, 1/16, 1/23, 1/30, 2/6)

Support Shirts may be ordered for an additional cost of $10. They will look like your child’s team shirt. Please fill out below:

Please circle:     T­Shirt Size:    Youth --  SM    Med    L       Adult --  SM    Med    L    XL        Total #\_\_\_\_\_\_ Total Pd \_\_\_\_\_\_

WE NEED COACHES! Please indicate if you are willing to coach. Yes No Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Age \_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_

Please circle one:    Male    Female      T­Shirt Size:    Youth --  SM    Med    L       Adult --  SM    Med    L    XL

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date of birth \_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   State \_\_\_\_\_\_\_\_\_\_\_   Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_   Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E­mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IN CASE OF EMERGENCY

Contact # 1                                                                                      Contact # 2

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                        Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                         Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_   Work # \_\_\_\_\_\_\_\_\_\_\_\_\_                         Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Work # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Medical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ---MEDICATIONS CANNOT BE GIVEN TO ANY CHILD BY ANYONE ASSOCIATED WITH LION LEAGUE---

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I am aware of the nature of this activity and I hereby assume responsibility for  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate and to be photographed for publicity purposes.  I will not hold PERSONS ASSOCIATED WITH THE LION LEAGUE, CAMDEN CENTRAL HIGH SCHOOL, FIRST METHODIST CHURCH, FIRST PENTECOSTAL CHURCH, CAMDEN JUNIOR HIGH and/or its volunteers responsible in the case of accident or injury as a result of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ participation.  I understand that this completed form must be in the possession of the LION LEAGUE prior to participation in this program.

Parent/Legal Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date \_\_\_\_\_\_\_\_\_\_\_

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FOR SECRETARY USE ONLY

Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_  (  )  Cash  (  )  Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date \_\_\_\_\_\_\_\_\_