

2021 HAMLET RECREATION BASKETBALL REGISTRATION FORM

Eligible Age Groups:

Teams are made up of co-ed players. The Season will run December-February 2022. If a child turns 5 during the season months he/she can play. If a child turns 16 during the season months he/she cannot play.

- Age groups are as follows: (5-6), (7-8), (9-10), (11-12), (13-15).
- Players are not required to wear mask, however spectators must wear mask while indoors.

Registration Dates: October 18th - November 23rd from 8:00AM – 4:30PM

REGISTRATION FEES: \$35 per child

Paid by: Cash _____ Check: _____ Credit Card: _____

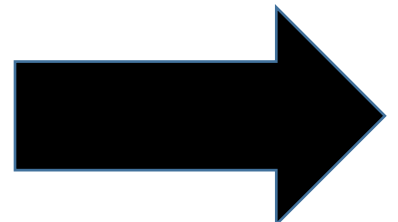
New or Returning? Is the child a returning participant that has played in any sport before with Hamlet: Yes _____ No _____
If No, proof of age by copy of birth certificate must be presented to be eligible to participate.

Player/Child Information: (As it appears on Birth Certificate)

First Name:	Middle:	Last:
Birth Date:	Age: _____	Sex: Boy _____ Girl _____
Previous Basketball Team Name (If applicable):		
YOUTH SMALL(6-8)____ YOUTH MEDIUM(10-12)____ YOUTH LARGE(14-16)____ YOUTH XL(18-20)____ ADULT MEDIUM____ ADULT LARGE__ ADULT X-LARGE____		
**SIBLINGS ONLY! If you would like to have siblings on the same team, you must list the siblings name here:		
*Please note that once teams have been selected, there will be no changing in team rosters. NO EXCEPTIONS!!		

Parent/Guardian Information:

Parent/Guardian First Name:	Last Name:
Physical address:	
City:	State: ZIP:
Best Contact Phone number you can be reached at:	
Secondary Contact number:	Email:



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I hereby agree that the child will play with any team to which he/she is assigned by League Officials.

I, parent or guardian, understand that fees will not be reimbursed if my child decides not to participate in this sport for any reason.

I hereby certify that my child is in good health and know of no reason why he or she should not participate in this sport.

I, parent or guardian of the above named child assume all risk and hazards incidental to such participation, including transportation to and from the activities; and do hereby waive, release and agree to hold harmless the HAMLET RECREATION BASKETBALL LEAGUE and its employees and volunteers for any claim arising out of any injury to this child. I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should this child become ill or injured while participating in activities away from home, or at other times, when neither parent nor guardian is available to grant authorization for emergency treatment.

Signature: _____ Date: _____
(Parent or Legal Guardian)

Interested in Coaching or Sponsoring a Team?



___ Coach	Name: _____ Phone: _____
___ Assistant Coach	Name: _____ Phone: _____
___ Sponsor Team <u>Cost to Sponsor is \$175.00</u> This includes your choice of name on the shirts and color of choice (if available).	Name: _____ Phone: _____ Sponsor Team Name: _____