



2009 / 10 SBL Registration Form



(PLEASE PRINT FORM OUT, FILL OUT FORM, AND MAIL TO ADDRESS BELOW)

DATE OF REGISTRATION ____/____/____
CHECK ONE - BIDDY BALL (5 & 6) ____ PREP DIVISION (7 & 8) ____ JUNIOR DIVISION (9-11) ____ SENIOR DIVISION (12-14) ____

PLEASE PRINT (NAME MUST MATCH BIRTH CERTIFICATE EXACTLY) HOW DID YOU HEAR ABOUT US? _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME INTIAL: _____

NAME PARTICIPANT WISHES TO BE CALLED: _____

ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

HOME PHONE: (____) _____ BIRTHDATE: _____ PRESENT AGE: _____

SCHOOL HE / SHE ATTEND: _____ GRADE: _____

HAS HE / SHE PLAYED BASKETBALL BEFORE? Yes ____ No ____ WHERE? AAU ____ PAL ____ OTHER: _____

POSITION PLAYER PLAYED: _____ SECONDARY POSITION: _____

LAST SEASON TEAM HE/SHE PLAYED WITH _____ PREFERRED COACH / TEAM (IF ANY) _____

SHIRT SIZE: YOUTH: M L XL ADULT: S M L XL XXL

FATHER / GUARDIAN

MOTHER / GUARDIAN

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY, ZIP: _____ CITY, ZIP: _____

PHONE: (____) _____ PHONE: (____) _____

CELL OR BUS. PHONE: (____) _____ CELL OR BUS. PHONE: (____) _____

EMAIL ADDRESS: _____ EMAIL ADDRESS: _____

CITY OF SANFORD RECREATION DEPARTMENT

PARENT CONSENT: PLEASE READ AND SIGN: APPLICATION MUST HAVE AT LEAST ONE PARENT/ GUARDIAN SIGNATURE

I/WE, the Parents/guardians of the above named candidate for a position on any of the City of Sanford Recreation Department Youth Basketball League, here by give MY/OUR approval to his/her participation in any and all SBL Youth Basketball activities, during the current season. I/WE assume all risks and hazards incidental to such participation including transportation to and from activities, and I/WE do hereby waive release, absolve, indemnity and agree to hold harmless the City of Sanford Youth Basketball League and its Associations, the sponsors, supervisors, participants, volunteers and persons transporting MY/OUR child to and from activities for and calm arising out of injury to MY/OUR child. I/WE and participant agree to abide by the City of Sanford Rules and Regulations and Conduct. I/WE give the City of Sanford League Director or his/her designee permission to verify our child(s) age if needed. The City of Sanford reserves the rights to refuse to accept ANYONE or remove ANYONE from the program at anytime as the City of Sanford Recreation Department sees fit so as to preserve the safety, integrity and character of the City of Sanford and its participants. All involved with the City of Sanford in any capacity must obey the Codes of Conduct as set forth by the SRD weather they have received and or signed said code of conduct or not.

PARENTAL MEDICAL TREATMENT AUTHORIZATION: In the event of injury to MY/OUR child (s), I/WE hereby grant authority to a qualified physician to render such medical treatment as said physician deem necessary under the circumstances.

PARENT / PARTICIPANT RULES OF CONDUCT: I/WE and MY/OUR child agree to abide by the Rules of Conduct and understand the possible consequences of violating the Rules of Conduct. It is possible my child may NOT be able to play this season, due to lack of registration in his/her age division. All paid (monies refunded).

WEB SITE PICTURES: I/WE give permission to have my child(s) picture on the City of Sanford web site and any association.

MAIL REGISTRATION FORM: City of Sanford PO BOX 1788 SANFORD, FL 32772-1788

*** Note: if you have any questions, please contact the Recreation Department at 407.688.5120 or Email: RodneyStancil@sanfordfl.gov

I/WE have read the above and agree and understand the polices set forth above. All registration fees are non-refundable once the participant has received a uniform.

X _____ X _____
(Father / Guardian Signature) (Date) (Mother / Guardian Signature) (Date)

FOR LEAGUE USE ONLY \$65 City Residents ____ \$75 Non-City Residents ____
Amount Paid: ____ Cash ____ Check/MO# ____ Receipt# ____ (Check if paid by Credit Card): ____ Amount Paid: ____

TEAM ASSIGNED TO: _____ DIVISION: _____ BIRTH CERTIFICATE: YES ____ OR NO ____