# Johnston Recreation Department – Youth Basketball League 2019-20

## J-SYB

- **Please make check payable to Johnston Youth Sports**

**GIRLS**

**Paid: ____ Cash ____ Check # _____ Date: _____ Received By: _____**

Players Name: _____ Parent's Name:_____

Address: _____

Street City/Town Zip Code

Phone No.:_____ Date of Birth: _____ Email:_____

Grade as of Sept. 1st, 2019:____ Age as of Dec. 31st, 2019: ___ Did your child participate last year? Yes ___ No ___

Does child have any medical problems that the recreation department should be made aware of? Yes ____ No____

If yes, please explain: _____

**Please note * There will be no refunds issued without a doctor's note.**

| Please **CIRCLE SHIRT SIZE** that you would like: | |
|---|---|
| **Youth Small 6-8** | **Adult Small 34-36** |
| **Youth Medium 10-12** | **Adult Medium 38-40** |
| **Youth Large 14-16** | **Adult Large 42-44** |
| | **Adult. X-Large 46-48** |

*I was shown the shirt size that I have circled above.*
*I authorize my child to participate in the 2019-20 J-SYB Youth Basketball League.* _____

*Parent's Signature*

Would you be interested in coaching? Yes _____ No _____

**If yes, please list name, telephone number and fill out a Coaches Form.**

_____

_____

Pursuant to the Rhode Island General Laws S-7-6-22, I/We the parent (s) of the above named boy/girl, who is a candidate for a position on a Johnston Recreation Department Activity, hereby give my/our approval to his/her participation in any and all of the activities during the current season.

I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities; I/We further hereby release, absolve, indemnify, and hold harmless the Johnston Recreation Department, the organizers, sponsors, and the supervisors, and/or all of them.

In case of injury to my/our son/daughter, I/We hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son/daughter to or from the activities. I/We will furnish a certified birth certificate of the above named candidate upon the request of the league officials. The undersigned specifically acknowledge that a risk of injury exists and assume the risk with respect to practicing for or participating in any contact exhibition or an athletic or sports matter sponsored by the Johnston Recreation Department.

**Initials** _____