

Johnston Recreation Department – Youth Basketball League 2021

- Please make check or money order payable to “Johnston Youth Sports”

GIRLS

Paid: _____ **Check or Money Order #** _____ **Date:** _____ **Received By:** _____

Players Name: _____ Parent(s) Name(s): _____

Address: _____
Street City/Town Zip Code

Phone No.: _____ Email: _____ Did your child participate last year? _____

Date of Birth: _____ Age as of Dec. 31st, 2020: _____ Grade as of Sept. 1st, 2020: _____

Does child have any medical problems that the Recreation Department should be made aware of? Yes _____ No _____

If yes, please explain: _____

Please CIRCLE THE REVERSIBLE JERSEY SIZE that you would like:			
Youth Small 6-8	Youth Medium 10-12	Youth Large 14-16	Youth X-Large 18-20
Adult Small 34-36	Adult Medium 38-40	Adult Large 42-44	Adult. X-Large 46-48

I authorize my child to participate in the 2021 Youth Basketball League. I agree to follow all safety & health guidelines and will monitor my child for COVID-19 symptoms.

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.

Parent's Initials _____