City of Garnett Recreation ${\bf 3^{rd}-6^{th}~GRADE~YOUTH~BIDDY~BASKETBALL}$

Biddy Basketball will be offered during the second session for 3rd – 6th graders. All registrations must be signed by a parent or legal guardian – NO EXCEPTIONS! <u>Please fill out this form and return to the Garnett Recreation Center during working hours. (Monday - Friday 5:30-9AM, 11-7PM, Saturday 8AM-12PM, & Sunday 1-5PM)</u> If there are any questions please feel free to contact Phil Bures at City Hall (785) 448-5496.

The $3^{rd}-6^{th}$ grade Biddy Basketball games will begin in January 2019 on Saturday's and possibly weekdays depending on the number of registrations and teams. Teams may also have to travel for some of their games. Practices will be decided by the coaches for each team beginning in December.

REGISTRATION FEE: \$30 PER CHILD REGISTRATION DEADLINE: NOVEMBER 20, 2018

CITY OF GARNETT RECREATION PARENT/GUARDIAN CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION

NAME OF CHILD						
HOME PHONE CELL PHONE WORK PHONE SEX: MALE/FEMALE (Circle One) DATE OF BIRTH:/ AGE: GRADE: EMAIL: SHIRT SIZE: Youth X-Small Youth Small Youth Medium Youth Large (Circle One) Adult Small Adult Medium Adult Large Adult X-Large WOULD YOU BE WILLING TO COACH A TEAM: YES () NO () WOULD YOU BE WILLING TO ASSIST IN COACHING: YES () NO () Parent's Name: (please print) Phone: Phone: Phone: Phone: TO WHOM IT MAY CONCERN: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of Biddy Basketball at any time during the entire season, my child's team coaches, or any member of the Garnett Recreation staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary. I, the undersigned, do hereby acknowledge that I have given my child permission to participate in Biddy Basketball with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the City of Garnett, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind. Furthermore, I do understand that accident insurance is NOT provided by, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in Biddy Basketball. "The City of Garnett does not discriminate against any person on the basis of race, color, national origin, or handicap in the operation of any program, activity, or facility."	NAME OF CHILD _		MAILING ADDRESS			
SEX: MALE/FEMALE (Circle One) DATE OF BIRTH:/ AGE: GRADE: EMAIL:	STREET ADDRESS		CITY			
GRADE: EMAIL:	HOME PHONE	CELL PHONE		WORK PHONE		
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WOULD YOU BE WILLING TO COACH A TEAM: WOULD YOU BE WILLING TO ASSIST IN COACHING: Parent's Name: (please print) Phone: Please list any medical conditions: TO WHOM IT MAY CONCERN: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of Biddy Basketball at any time during the entire season, my child's team coaches, or any member of the Garnett Recreation staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary. I, the undersigned, do hereby acknowledge that I have given my child permission to participate in Biddy Basketball with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the City of Garnett, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind. Furthermore, I do understand that accident insurance is NOT provided by, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in Biddy Basketball. "The City of Garnett does not discriminate against any person on the basis of race, color, national origin, or handicap in the operation of any program, activity, or facility." SIGNATURE:	GRADE:	EMAIL:				
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SIGNATURE: RELATIONSHIP: DATE:	attendance of Biddy Basket consent to authorize treatme I, the undersigned risks involved and I hereby team sponsors free from liab Furthermore, I do expenses resulting from any "The City of Garn	the that any time during the cent for this child by a doctor, do hereby acknowledge the agree to assume those risks bility for any injury, harm of understand that accident is accidents or injuries sufferent does not discriminate a	entire season, my child's team (s) and/or medical personnel what I have given my child permit and to hold the City of Garnett complication of any kind. Insurance is NOT provided by, and by the above named child wh	coaches, or any member nich may be deemed necess ssion to participate in Bido a, all of their officers, empl and I hereby agree to as nile participating in Biddy	of the Garnett Recreation staff, has my sary. dy Basketball with full knowledge of the loyees, coaches, officials, volunteers and sume full responsibility for any and all Basketball.	
	SIGNATURE:RELATIONSHIP:		DATE:			

Go to <u>www.rainedout.com</u> and search for City of Garnett Recreation, and receive texts about Garnett Recreation program updates and game cancellations.