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

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 2017 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 18, 2016

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

NAME OF CHILD	1	MAII	AILING ADDRESS	
STREET ADDRES	SS		CITY	
HOME PHONE CELL PHONE _		L PHONE	WORK PHONE	
SEX: MALE/FEMALE (Circle One)		DATE OF BIRTH:/ AGE:		::
SHIRT SIZE:	Youth X-Small	Youth Small	Youth Medium	Youth Large
(Circle One)	Adult Small	Adult Medium	Adult Large	<u> </u>
WOULD YOU BE WILLING TO COACH A TEAM:			YES ()	NO ()
WOULD YOU BE	E WILLING TO ASS	SIST IN COACHING:	YES ()	
Parent's Name:			Phone:	
Please list any med	ical conditions:			
attendance of Biddy Basl consent to authorize treats I, the undersign risks involved and I herel team sponsors free from I Furthermore, I of resulting from any accide	setball at any time during the ment for this child by a doctor ed, do hereby acknowledge the by agree to assume those risks itability for any injury, harm of do understand that accident insents or injuries suffered by the arnett does not discriminate a	e entire season, my child's team r(s) and/or medical personnel wh hat I have given my child permiss and to hold the City of Garnett or complication of any kind. Surance is NOT provided by, and above named child while partici	coaches, or any member of nich may be deemed necessary ssion to participate in Biddy and all of their officers, employed I hereby agree to assume full ipating in Biddy Basketball.	lical care facility in my absence from the Garnett Recreation staff, has my y. Basketball with full knowledge of the ees, coaches, officials, volunteers and responsibility for any and all expenses the operation of any
SIGNATURE:				
RELATIONSHIP:		DATE:		

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