



**Tupelo Basketball Association
Player Registration Form
Season FY 2009-2010**



Player's Last Name: _____ First Name: _____ MI: _____

Street: _____

Town: _____ State: _____ Zip: _____

Home Phone#: _____ Sex: F M Birthdate: _____ Age as of 9/1/09: _____

Primary Email: _____ **This is the email address you will receive notification by.**

Grade: _____ School: _____

Father's or Legal Guardian Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Email: _____ **Yes No if you would like it added to Rec-Check.**

Mother's or Legal Guardian Last Name: _____ First Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address (if different): _____ City: _____ State: _____ Zip: _____

Email: _____ **Yes No if you would like it added to Rec-Check.**

Emergency Contact: _____ Phone: _____ Relation: _____

We ask for active participation of parents in our program. Please check one of the following if you are interested and want to participate. _____ Coach _____ Assistant Coach

Resident/Non-Resident

You must check one. Any false information could result in expulsion from play.

_____ Live in the City of Tupelo\$45.00

_____ Live in the Tupelo Separate School District\$45.00 + \$10.00

_____ Live in Lee County\$45.00 + \$25.00

Please make note that you are registering to play basketball, but not with a particular team. Is your child cover by insurance? YES NO

I/We the parents of the above child, hereby give approval for his/her participation in any and all activities connected with the above program. I/We assume all risks and hazards incidental to the conduct of the activity, and transportation to and from the activities and I/We do further hereby release and hold harmless the Tupelo Parks and Recreation Department, Tupelo Advisory Board, the City of Tupelo, the sponsors, the supervisors (both staff and volunteer) and/or all them from any and all claims of injury and/or claims arising from participation in the above activity.

In case of injury to my child, I/We likewise waive all claims for damages that we might have against the above mentioned and likewise waive any claim against any person transporting my/our child to or from activities.

No refunds will be given after registration dates

_____ Parent/Guardian Signature

Office Use Only

Payment \$ _____ Receipt #: _____ Payment Method: check cash credit card