



# REGISTRATION FORM

AGE CONTROL DATE: SEPTEMBER 1, 2025

## Basketball Ages (5 - 17) Boys

PARTICIPANT FULL NAME: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_

CHECK THE GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ LIVE IN CITY LIMIT OF CALHOUN: YES \_\_\_\_\_ NO \_\_\_\_\_

BIRTH CERTIFICATE ON FILE: YES \_\_\_\_\_ NO \_\_\_\_\_ WHAT SCHOOL ATTEND: \_\_\_\_\_

PARENT /GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAIN PHONE NUMBER: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Circle the Jersey Size For This Participant: PLEASE CIRCLE

JERSEY SIZE: YOUTH SIZES - YXS YS YM YL YXL ADULT SIZES - AS AM AL AXL AXXL

### SPORT/ACTIVITY: BASKETBALL

Sibling playing in same age group? NAME(S): \_\_\_\_\_

Are you (or a family member) interested in being a COACH or ASST COACH? \_\_\_\_\_

#### Acknowledgement of Receipt of Concussion Information Sheet

I acknowledge that I have received a copy of the "Heads Up-Concussions in Youth Sports" information sheet provided to me by the Gordon County Parks & Recreation Department, and I understand the nature and risk of concussion and head injury to recreation league athletes, including the risks of continuing to play after concussion or head injury.

X \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

#### Participant Waiver

I hereby give my permission for his/her participation in Gordon County Parks & Recreation Department sponsored activities. I assume all risks and hazards incidental to the conduct of these activities and transportation to and from activities. I also further release, absolve indemnity, and hold harmless the Gordon County Parks & Recreation Department, the organizers, sponsors, supervisors, volunteers, and any and/or all appointed by said Recreation Department. I likewise release from responsibility and person transporting my child to and from activities. I likewise release from responsibility and person transporting my child to and from the doctor or hospital in case of injury. I agree to indemnify, defend and save harmless Gordon County, its elected and appointed officials, officers, employees, agents, and volunteers (to include all employees, agents and volunteers of the Gordon County Parks & Recreation Department) from any and all claims arising from my child's participation in any sports activity conducted under the control of the Gordon County Parks & Recreation Department. Such indemnification shall include, but not be limited to, liability settlements, damage award, cost and attorney's fees associated with any such claim. I have read or have had read to me in its entirety and by placing my signature below declares that I understand that any cost or injury resulting from participation in recreation sports, is my responsibility.

X \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

#### Image Release Form

In consideration of participation in Gordon County Parks & Recreation Youth Athletic Programs, the undersigned agrees that their likeness of their child/ward may be photographed and/or videotaped and that such image may be published in an outlet used to promote or publicize the sports programs. X \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR OFFICE USE ONLY

Registration Fee: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Other: \_\_\_\_\_

Credit Card Use: Discover \_\_\_\_\_ MasterCard \_\_\_\_\_ Visa \_\_\_\_\_

Received Form By: \_\_\_\_\_ Age Group Participating In: \_\_\_\_\_