

# Clayton Parks & Recreation Department 2009-2010 Basketball Registration Form

**PLEASE FILL IN INFORMATION OR MAKE ANY NECESSARY CHANGES.**

The computer does not update the age ...you will need to change if necessary.

Player's Name	Age as of 12/31/09	Birthday	Sex	Home #	Mother's Work or Cell #	Father's Work or Cell #
<b>*Please list local numbers if possible*</b>						
Street		City	State	Zip	Parent(s)/Guardian(s)	

Shirt Size (based on last sport played with us)

**Tank Top Sizes (Sizes run small--double check and change if necessary)**

**Youth: YM(10-12) YL(14-16) Adult: AS(34-36) AM(38-40) AL(42-44) AXL(46-48) AXXL(50-52)**

Resident/Non-Resident

A resident is classified as anyone living within the Clayton Town Limits.  
A Clayton address does not necessarily classify you as a resident.

Last Year's Basketball Team

\_\_\_\_\_ I have another child (or children) playing in the same age group. Name(s): \_\_\_\_\_

A copy of your child's birth certificate is needed to play with the Clayton Parks and Recreation Department.

If the box is checked, a copy of your child's birth certificate is on file. If the box is not checked, we will need a copy for our files.

All players must have insurance prior to participating in practices or games.

\_\_\_\_\_ I have my own insurance. Company \_\_\_\_\_ Policy \_\_\_\_\_

\_\_\_\_\_ I wish to purchase the insurance offered by the Town of Clayton for a \$6.00 premium.

***I hereby give permission for my child to participate in the youth sports program sponsored by the Town of Clayton Parks and Recreation Department. I understand that in sports activities there are risks involved and hereby assume all responsibility for all risks and hazards incidental to this program and transportation to and from this program. I do further release and hold harmless the Town of Clayton, it's Administrators, Officials, Supervisors, Sponsors, Volunteers, and all others involved with the program. I also accept responsibility for my actions, as well as, the actions of my child and will be respectful of the decisions made by the officials and/or coaches.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please circle if you or your spouse would be interested in coaching:    **Head Coach**    **Assistant Coach**  
(Clinics will be held to train coaches)

**FOR OFFICE USE**

Amount Due	Cash Amount	Check Amount	Check #	Date	Rec'd by
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----- DETATCH HERE AND KEEP BOTTOM PORTION FOR YOUR INFORMATION -----

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Clayton Parks & Recreation Department  
P.O. Box 879  
Clayton, NC 27528  
Fax # 553-1521