



**City Of Crestview  
Parks & Recreation Division  
100 N. Hathaway St  
Crestview, FL 32536  
(850) 682-4715**



## YOUTH BASKETBALL

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Returning Player Yes \_\_\_ Team Name \_\_\_\_\_ Draft \_\_\_\_\_

Age: \_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Female \_\_\_ Male \_\_\_

**Please clarify M or F in adult size JERSEY** Size: Shirt \_\_\_\_\_ Size: Short \_\_\_\_\_

**Guardian Information:**

Primary Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Other #: \_\_\_\_\_

Water Bill Paid To: City \_\_\_ or Auburn/County \_\_\_

Medical Information Needed: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relationship

I, \_\_\_\_\_, covenant and agree that I will indemnify and hold harmless the City of Crestview and the City of Crestview's Mayor, Council members, agents, and employees from any and all claims, losses, accidents, injuries, sickness, damages, costs, charges, or expenses of any kind whatsoever arising out of any act, action, neglect, or omission by (me) or (my child) while attending or participating in any event, sport, or activity to be conducted on or about the premises of the Twin Hills Gymnasium or other City Recreational facilities. **No refunds will be issues once uniforms have been ordered.**

\_\_\_\_\_  
Signature of Parent or Guardian of Minor Child Date: \_\_\_\_\_

**CASH or CHECK ONLY**

OFFICIAL USE ONLY: Birth Certificate Verified: Y \_\_\_ Staff \_\_\_\_\_

Date Paid: \_\_\_\_\_ Receipt Book #: \_\_\_\_\_ Register Tape #: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Ck #: \_\_\_\_\_ Cash: \_\_\_\_\_