



CITY OF CRESTVIEW PARKS & RECREATION DIVISION

100 N. HATHAWAY ST
CRESTVIEW, FL 32536
(850) 682-4715



YOUTH BASKETBALL REGISTRATION

Player Information:

Child's Name: _____ Date: _____

Returning Player Team Name: _____ Draft: _____

Age: _____ Date of Birth: ____/____/____ Gender: Female Male

Please clarify *female* or *male* in **adult size jersey** Shirt Size: _____ Short Size: _____

Guardian Information:

Primary Guardian's Name: _____

Address: _____ City: _____ State: _____

Zip: _____ E-Mail Address: _____

Cell Phone #: _____ Home Phone #: _____ Other #: _____

Water Bill Paid To: City: Auburn/County

Medical Information:

Insurance Company: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone #: _____

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. **Participation in team picture day is a league requirement. No refunds will be issued once uniforms have been ordered.**

Signature of Parent or Guardian of Minor Child

Date

OFFICIAL USE ONLY:

Birth Certificate Verified: Yes No

Date Paid: _____ Receipt Book #: _____ Register Tape #: _____

Amount Paid: \$ _____ Check #: _____ Cash: _____