DeKalb Park District
Sports & Recreation Center 1765 South 4th Street, DeKalb, IL 60115
Phone: (815)758-7756 Fax: (815)758-7956 www.dekalbparkdistrict.com

Youth Basketball Registration Form

FOR OFFICE USE ONLY

Age Group_____ League Assigned_____ Team_____

Amt. Fee Paid $_____ Check #_____ Cash_____ Date into Books_____ Date Entered into Computer_____ Initials____

Participant Information

Youth's Name: _____ Date of Birth: _____

Name of last School Attended: _____ Most Recent Grade: _____

Height:_____ft. _____in. Weight:_____lbs. Sex: Male_____ Female_____

No. of years youth had participated in organized basketball:_____

Street Address:_____ City:_____ State:_____ Zip:_____

Would you like to be a volunteer Coach? Yes_____ No_____ Telephone #: _____

Please describe any health problems or special circumstances that league officials should be aware of: _____

_____

ALL REQUESTS MUST BE SUBMITTED IN WRITING ON THE DPD FRIENDSHIP REQUEST FORM

Parental Information

Mother's Name_____ Home Ph._____ Work Ph._____

Father's Name_____ Home Ph._____ Work Ph._____

Name of Legal Guardian_____ Home Ph._____ Work Ph._____

Email Address (s)_____

In Case of Emergency Contact

Name_____ Home Ph._____ Work Ph._____

I/We the parents/legal guardians of the above named child hereby give our permission for him/her to participate in the DeKalb Park District Youth Baseball/Girl's Softball program and any and all league activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for any claim arising out of injury to my/our child, whether the result of negligence or for any other cause except to the extent and in the amount covered by accident or liability insurance.

Signature of Parent/Legal Guardian Date

Medical Care Information

Doctor's Name_____

Phone #_____

EMERGENCY MEDICAL CARE AUTHORIZATION
In case of emergency and parents/legal guardian and/or physician cannot be contacted. I authorize league officials/coaches to transport my child to the nearest hospital/medical facility and give permission for said hospital/medical facility to give my child emergency care treatment.

Signature of Parent/Legal Guardian Date