



# Geneva Rec. Bitty Basketball 2018

Are you interested in coaching Yes/ No _____ Team Name/ Color: _____	Amount Paid \$ _____ Cash/Check: # _____ Players Name: _____ Receipt Number: _____
---	---

The Geneva Rec. is offering a Bitty Basketball program to those Boys and Girls who are in k-2nd grade. This is a Co-ed league. Games and practices will be played at the Geneva Recreation Center 44 North Forest Street. Signups will be January 9th, 11th, 16th and 18th from 6-8pm at the Geneva Recreation Center. Season will start at the beginning February with games starting at the end of February. Season ends March 31st. Coaches will contact players of the first practice.

**Mail in Registration:**  
January 6th-18th

**For More Information:**  
Dee Dee Allen 440-466-9139  
City of Geneva 440-466-4675  
genevarec@genevaohio.com

**Cost Per Player:** \$45.00  
Make Checks Payable to:  
City of Geneva

Mail to: City of Geneva  
44 North Forest Street  
Geneva, Ohio 44041

Player Information			
Name: (First/Last) _____	Age: _____	B/G _____	School: _____ Grade: _____
Address: _____	Zip Code: _____	Phone: _____	Alt: _____
Are you a City of Geneva Resident: Y/N If No, then where? _____			
Email Address: _____	Shirt Size: Youth 6/8 10/12 14/16		Adult S M L XL
Parents Names: _____			
<b>Photo Release/Consent:</b> I _____ give permission for the City of Geneva to use photos of myself or child in advertisements, fliers, web-site pages, Social Media, newspaper and other publicly displayed areas for promotional purposes. My child's name shall not be used in conjunction with his/her picture unless other permission is given.			
Signature: _____		Date _____	

**Consent for Medical Treatment**  
As the Parent or Legal Guardian of the above named player, I hereby give consent for Emergency medical care prescribed by a duly Licensed Doctor of Medicine or Doctor of Dentistry **IF I OR GUARDIAN ARE NOT AVAILABLE.** This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the dependent.

\_\_\_\_\_  
Signature and Date

I, the parent/guardian of the registrant, agree that the registrant and I will abide by the rules of the Geneva Bitty Basketball program and Sponsors. Recognizing the possibilities of physical injury associated with Basketball I hereby release, discharge and/or otherwise indemnify the Geneva Bitty Basketball program and Sponsors, their employees and associates personnel including the owners of the facilities utilized for the program, against my claim by or on Behalf of the registrant as a result of the registrant's participation in the Program and/or being transported to or from the game, which transportation I authorize.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date