



Geneva Rec. Youth Basketball 2017

Are you interested in coaching Yes/ No _____ Team Name/ Color: _____	Amount Paid \$ _____ Cash/Check: # _____ Players Name: _____ Receipt Number: _____
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The Geneva Rec. is offering a Youth Basketball program to those boys and girls who are in 3rd-6th 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 **October 9,11,16,18** all from **6-8pm** at the Geneva Recreation Center. Season will start in November with games starting November 18th. Season ends December 16th. Coaches will contact players regarding the first practice.

Mail in Registration: September 25 th -October 16 th Mail to: City of Geneva 44 North Forest Street Geneva, Ohio 44041	For More Information: Dolores Allen 440-466-9139 City of Geneva 440-466-4675 genevarec@genevaohio.com	Cost Per Player: \$40.00
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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: _____			
Photo Release/Consent: 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 _____	

<p>Consent for Medical Treatment</p> <p>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.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature and Date</p>	<p>I, the parent/guardian of the registrant, agree that the registrant and I will abide by the rules of the Geneva Youth Basketball program and Sponsors. Recognizing the possibilities of physical injury associated with Basketball I hereby release, discharge and/or otherwise indemnify the Geneva Youth 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.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature Date</p>
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