



16318 Great Oaks Drive • Round Rock, Texas 78681

Phone (512) 255-7871 • FAX (888) 843-7326

Email: CustomerService@bcmud.org • Website: www.bcmud.org

LEAGUE REGISTRATION FORM

Recreation

Select League

Adult Basketball
 Youth Volleyball
 Badminton
 Other: _____

Adult Volleyball **Youth Basketball**
 Recreational Competition
 Boys Girls

Adult Information

Name: _____ **Email:** _____
Address: _____ **City:** _____ **Zip:** _____
Main Phone: _____ **Work Phone:** _____ **Birth Date:** _____

Emergency Contact

Name: _____ **Phone:** _____ **Relation:** _____
Name: _____ **Phone:** _____ **Relation:** _____

Youth Registration

Name: _____	Birth date: _____	Gender: _____	Grade: _____	Allergies: _____	Height: _____	Exp: _____
Friend Request: _____	Coach Request: _____	Available to Coach? _____	<input type="checkbox"/> Head <input type="checkbox"/> Asst	Nights not available: _____	Shirt Size: <input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

Name: _____	Birth date: _____	Gender: _____	Grade: _____	Allergies: _____	Height: _____	Exp: _____
Friend Request: _____	Coach Request: _____	Available to Coach? _____	<input type="checkbox"/> Head <input type="checkbox"/> Asst	Nights not available: _____	Shirt Size: <input type="checkbox"/> Youth <input type="checkbox"/> Adult	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL

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EXP: = Experience

Adult Registration

Team Name: _____
Player 1: _____ **Player 7:** _____
Player 2: _____ **Player 8:** _____
Player 3: _____ **Player 9:** _____
Player 4: _____ **Player 10:** _____
Player 5: _____ **Player 11:** _____
Player 6: _____ **Player 12:** _____

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Waivers & Terms

Medical - In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the BCMUD Staff to make the necessary arrangements to transport my child to the nearest hospital/emergency facility. I give my consent for any and all medical treatment determined necessary by the treating physician.

Liability - I understand that BCMUD activities have inherent risk and I hereby assume all risk and hazards arising out of my participation, or my child's participation, in all such activities including transportation to and from activities. I further agree to waive, hold harmless, release, and indemnify BCMUD, its employees, volunteers, officers, directors, contractors, participants, coaches, referees, as well as persons or parents transporting participants to and from such activities, from and against any and all claims, costs, expenses, liability, property damage, or personal injury arising out of or related to the use of BCCC facilities or participation in any BCMUD activity, whether located on BCCC property or not, by me or my child.

Rules and Regulations - I agree and will comply by Brushy Creek rules and regulations.

Brushy Creek Youth Terms - The BCCC reserves the right to adjust, combine, separate and place participants in divisions for all leagues, I acknowledge and accept that not all friend and/or coaching requests will be fulfilled, Each player signs up as an individual, not as a group or team, Once registration in a division is full a waitlist will be formed. I agree to follow the code of conduct for players and coaches provided by the league office.

I understand that the BCMUD is not regulated by the Texas Department of Family and Protective Services.

I grant my consent for pictures taken of my child to be used for future BCMUD promotions or display. **Yes** **No**

By signing below I the Parent / Guardian acknowledge that I have read and agree to the terms and conditions listed above.

Signature: _____

Date: _____

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For Office Use Only

Received By: _____

Date: _____