



## Parks & Leisure Services

# Basketball Registration Form

**Age Group:**

     5 - 6         7 - 8         9 - 10         11 - 12         13 - 14

**I would like to help in the following areas:** ☒ **Coach** ☐ **Assistant**

### UNIFORM SIZES:

### SHIRTS:

☐ YOUTH SMALL  
☐ YOUTH MEDIUM  
☐ YOUTH LARGE  
☐ YOUTH X-LARGE

**PANTS:**

☐ YOUTH SMALL  
☐ YOUTH MEDIUM  
☐ YOUTH LARGE  
☐ YOUTH X-LARGE

**PAYMENT:**

**Receipt # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_**

**Each sport involves contact. This contact can result in injury or even death. You must consider and decide if this is a risk that you and your child choose to take. It is highly recommended that each child have personal health medical insurance before participating in a sporting event. Please consult your insurance agent for coverage:**

**Insurance Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS- - - - - READ BEFORE SIGNING**

**In consideration of my minor child/ward ("my child"), being allowed to participate in any way in this Ocean Springs Parks & Leisure Services program, related events and activities. The undersigned acknowledges, appreciates and agrees that:**

1. The risk of injury to my child from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.
2. For MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation.
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe an unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the nearest official immediately; and I will conduct myself in an orderly manner or be asked to leave the premises.
4. I for myself, my spouse, my child, and behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I for myself, my spouse, my child, and behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS the City Ocean Springs, the Ocean Springs Parks & Leisure Services Department, employees of the City of Ocean Springs, all board members, individually coaches and assistant coaches from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING. I SIGN THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**UNDERSTANDING OF RISK: I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.**

**NOTE: IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN/RESPONSIBLE PARTY TO VERIFY THE UNIFORM SIZE FOR THE CHILD REGISTERED PRIOR TO OSPL ORDERING UNIFORMS. BY SIGNING BELOW THIS FORM, YOU AS THE PARENT/GUARDIAN/RESPONSIBLE PARTY AGREES THAT THE UNIFORM SIZES HAVE BEEN VERIFIED. OSPL WILL NOT REPLACE UNIFORMS DUE TO SIZING COMPLICATIONS.**

**PARENT INITIALS:**

**Childs Full Name**

### Street Address

City

## Zip

**Date Of Birth:**\_\_\_\_\_

**Age as of September 1, 2017:** \_\_\_\_\_

**Parent 1:** \_\_\_\_\_

**Parent 2:** \_\_\_\_\_

**Phone 1:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_

**E-mail 1:** \_\_\_\_\_ **E-mail 2:** \_\_\_\_\_

Does your child have a sibling/relative participating in the program that you would like to request them to play on the same team with?

**SAME AGE GROUP ONLY!**

Siblings Name:

**Parent/Guardian Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Revised 2017