



Date: \_\_\_\_\_

**City of Anderson Parks & Recreation  
Youth Basketball Contract**

Male or Female

Do you live in or pay Anderson City Taxes? Yes No

Child's Full Name: \_\_\_\_\_

Name called by: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age on February 28, 2010: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(If different from Home Address)

Home Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent or Parents Name(or Legal  
Guardian): \_\_\_\_\_

May we contact you at work? Yes No Work Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Team played on last year: \_\_\_\_\_

Do you wish to return to same team? Yes No

Do you wish to purchase insurance for \$7.00? Yes No

Does your child have a medical/physical condition that needs to be made aware of?

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Please circle the correct shirt size below – What you circle is what we will order for your child. We are not able to make exchanges once the shirts are ordered. Unless you have an extremely small child, the Rec. Department recommends ordering the adult sizes once your child reaches the 10 & Under Age Group and above:

Circle One Below:

Youth Small (6-8) Youth Medium(Size 10-12) Youth Large(Size 14-16)

Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

<i>For Office Use Only:</i> Address Verified: _____ Amount Paid: _____ Circle: Cash Check Check #
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I hereby release the City of Anderson, its coaches, sponsors, and the Recreation Department from any and all liability from damages arising from injuries received by the foresaid player at the present or which may occur in the future while he/she participates in/or travels to this activity.

I have insurance to cover said participant or have purchased the insurance offered by the Rec Department through an independent carrier. I understand that no insurance coverage will be provided by the City of Anderson unless I sign up for it.

I also understand that the insurance has certain limitations and maximums which are explained in the handout that I will receive if I purchase the insurance.

**I also understand the following refund policy: Full refund with the exception of a \$10 administrative fee charge, until one week after advertised registration period is complete. After the one week period, NO REFUNDS WILL BE ISSUED.**

**I understand that there is a \$30 service charge on all returned checks. This fee, as well as all original charges, must be paid in cash before my child will be allowed to participate.**

I understand that my child will not be allowed to switch teams once the rosters are set for the season. If I have a problem with a coach or team, I understand that the complaint must be put in writing for review by the Recreation Department.

I understand that my child must attend practice on a regular basis in order to play in games and in order to avoid any disciplinary action. I understand that I must notify the coach in case of an absence.

I also understand that I must get my child to practice/games on time and pick them up on time. I understand that Law Enforcement may be contacted if I fail to pick up my child as discussed in the previous statement.

I acknowledge that the staff of the Anderson Parks and Recreation Department will review this contract for its accuracy. If any of the information is discovered to be false, I fully understand that this contract will be declared null and void and this player will not be allowed to participate.

I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of players, parents, and other family members or friends and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

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Parent or Guardian's Signature

I hereby give my permission to the City of Anderson to take and use pictures or videos of myself and/or my dependent(s) while participating in programs or using the facilities or equipment. I further give my consent to the City to use such pictures or videos for advertising purposes by the City of Anderson or on its behalf. I agree that there will be no compensation paid for their use.

\_\_\_\_\_ YES

\_\_\_\_\_ NO

### **Scholarship Program Available**

The scholarship program is based on level of income.

If interested, please ask for application.

