

CITY OF PICKENS RECREATION / PICKENS YOUTH ATHLETIC CORP.

"HOME OF THE 2008 13&14 GIRLS STATE CHAMPIONS"

BASKETBALL, 2021

The purpose of these leagues is to promote the growth of all participants, physically, mentally, socially and spiritually. The objectives are to provide training for skills development and learning sportsmanship. All skill levels are welcome!

Girls & Boys Age Divisions

5&6 (Coed) Instructional, 7&8 boys, 7&8 girls, 9&10 boys, 9&10 girls, 11&12 boys, 11&12 girls, 13&14 boys
 Birthdate cut-off is September 1, 2020. Birth certificates are required at registration!

Season Dates

Registration: Oct. 5 - 30, 2020
 Skill Evaluations: To be Announced
 Season Begins: January, 2021

Schedule and Location

Games will be scheduled on Mondays, Tuesdays and Thursdays. Some Fridays and Saturdays may be utilized depending upon size of divisions. Home games will be played at the Recreation Center on Sangamo Rd. or at various Rec. Depts. for out-of-town games.

Registration Fees (non-refundable)

In-City residents - \$45.00; out-of-city residents - \$55.00. The fee provides a jersey to be kept. **Financial assistance is available for those who qualify and will only be taken during 3 weeks of the registration period, Oct. 5 - 23, 2020.**

 At some time during the season, every parent may be asked to volunteer in some capacity. If you have a special talent that we could use, please let us know☺.

Please circle the participant's age division: _____

5 & 6 (Coed) Instructional Boys: 7 & 8 9 & 10 11 & 12 13 & 14 Girls: 7 & 8 9 & 10 11 & 12

Participant's Name _____ Gender: M F Years of Experience _____

Age _____ (as of cut-off date) Grade _____ School _____ Date of Birth _____

Jersey Size: Youth: XS S M L Adult: S M L XL (add \$5.00 more for AXL) Previous Coach _____

Parent/Guardian _____ Address _____ City _____ Zip _____

Phone Number (H) _____ (Cell) _____ Email _____ Emergency Contact _____

Phone Number _____ Health restrictions, injuries, etc. _____

VOLUNTEERS NEEDED! Please circle one if you can help as: Coach Team Parent Referee Volunteer

Please return this form with your payment by October 30, 2020, to: City of Pickens Recreation Dept., Post Office Box 485, Pickens, SC 29671; phone # 878-2296; fax # 878-2291 Our physical address is 545 Sangamo Road, Pickens

I have read and agree to abide by the terms and conditions set forth in the parent/guardian contract. I will make certain that my child reads the player's contract and has it explained to him/her if needed.

Parent/Guardian Signature: _____

ADDITIONAL NOTE TO PARENTS: If you live outside of the boundary area for the Pickens Rec. Dept., your child will not be eligible to participate in post-season (all-stars) play.

Office Use Only: Date Paid _____ Amt. _____ Cash / Check # _____ Rcpt. _____ Wv. _____ Birth Cert. _____

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participating in the Pickens Rec. Basketball program, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign:

1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the event;
- b) Participating or assisting others in participating in the event may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inactions or negligence but also the actions, inactions, or negligence of others, the rules of play or the conditions of the premises or of any equipment used;
- c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above.

2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND CONVENANT NOT TO SUE THE CITY OF PICKENS, PYAC NOR THE FOLLOWING:

- a) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, sponsoring agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;
- b) owners, lessors and lessees or premises used to conduct the event FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel in route to and from the event.

3) CONSENT TO:

ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the event. I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

4) CONSENT TO:

Grant City of Pickens permission to use photographs of your child for any legal use including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to the City of Pickens by reason of such use.

_____ Name of Athlete (print)	_____ Name of Parent/Legal Guardian	_____ Signature of Athlete (If over 18 years of age)
_____ Signature of Parent/Legal Guardian, Individually and in the capacity as Parent/Legal Guardian if Athlete is under 18 years of age.		_____ Date