



**WAKULLA COUNTY PARKS AND RECREATION DEPARTMENT  
REGISTRATION AND PERMISSION FORM**

**BASKETBALL**  
**SPORT**

DATE \_\_\_\_\_

In order for my child to be eligible to play this season, I certify that I have read and understand the following:

1. **\$40.00 REGISTRATION FEE** – This will assist with the cost of the program.
2. **INSURANCE : THIS IS OPTIONAL** – So please check **ONE** of the following :  
 \_\_\_\_\_ **I DO** want my child covered by the special accident insurance policy. I understand the cost is \$7.50  
                   Per player.  
 \_\_\_\_\_ **I DO NOT** want my child covered by this policy.  
                   My policy is:  
                   **INSURANCE COMPANY NAME** \_\_\_\_\_  
                   **INSURANCE POLICY NUMBER** \_\_\_\_\_
3. I hereby certify that my child is the age shown below and meets the requirements as specified by the league Regulations.
4. I understand that it is my responsibility to provide supervision for my child at all practices and games.
5. I agree, by signing below, to release and waive all claims except for willful and wanton acts, against the Wakulla County Parks and Recreation Department and the Wakulla County Board of County Commissioners.

**PLEASE PRINT ALL INFORMATION CLEARLY!!**

PLAYERS NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ EMERGENCY PHONE NUMBERS \_\_\_\_\_

PARENTS NAME \_\_\_\_\_ PARENTS SIGNATURE \_\_\_\_\_ SHIRT SIZE (CIRCLE ONE) YS YM YL AS AM AL

SCHOOL NAME \_\_\_\_\_ GRADE \_\_\_\_\_ NAME OF AREA YOU LIVE IN \_\_\_\_\_

ANY MEDICAL INFORMATION THE COACH SHOULD KNOW ABOUT \_\_\_\_\_

WHAT DIVISION:    6 & 7 \_\_\_\_\_    8 & 9 \_\_\_\_\_    10, 11 & 12 \_\_\_\_\_

DID YOU PLAY LAST YEAR? \_\_\_\_\_ TEAM NAME? \_\_\_\_\_

Is there a certain team or player you would like to be on the same team? (NO GUARANTEES): \_\_\_\_\_

Is there a certain area you cannot attend practice? \_\_\_\_\_

Is there a certain coach or player you DO NOT want your child to be on the same team? \_\_\_\_\_

Would you or someone you know be able to help transport other team mates in need of a ride to practice or games?  
 (Please circle one)                      Yes                      No

WOULD YOU OR SOMEONE YOU KNOW BE INTERESTED IN COACHING?

NAME \_\_\_\_\_ PHONE NUMBERS \_\_\_\_\_ BEST TIME TO CALL \_\_\_\_\_

**FOR OFFICE USE ONLY:**

RECEIPT # \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_ Cash / Check # \_\_\_\_\_