



Play Ball!

Player Name		DOB
Jersey Size	YS YM YL AS AM AL AXL 6/8 10/12 14/16	Gender M or F
Home Address		Zip Code
Fee is \$65 per child (\$10 discount for additional sibling) - age as of August 1, 2019		
Youth Basketball	<input type="checkbox"/> 5-6 Co-Ed	<input type="checkbox"/> 7-8 Girls
	<input type="checkbox"/> 7-8 Boys	<input type="checkbox"/> 9-10 Girls
	<input type="checkbox"/> 9-10 Boys	<input type="checkbox"/> 11-12 Girls
	<input type="checkbox"/> 11-12 Boys	<input type="checkbox"/> 13-14 Girls
	<input type="checkbox"/> 13-14 Boys	

Parent Full Name		Phone	
Volunteer	<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst.Coach	Email	
Parent Full Name		Phone	
Volunteer	<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst.Coach	Email	
Play w sibling request			

*ONLY siblings are guaranteed LPAR reserves the right to ask for proof of residency

As of October 1st there will be a 3% fee charged to all credit card transactions

For league use only

Payment Type	Date	Receipt #	Birth Certificate Provided
Cash Credit Check # _____			Y N

ALL VOLUNTEERS ARE SUBJECT TO A BACKGROUND CHECK AND MUST PROVIDE A COPY OF DRIVERS LICENSE



LUFKIN PARKS & RECREATION LIABILITY WAIVER

Minor Release:

I hereby acknowledge that I am the parent and/or guardian of the above named minor, and that the said minor has my permission to participate in above named activities and/or programs with the City of Lufkin, Parks & Recreation Department. I understand and agree in giving my permission that the City of Lufkin; its agents and employees, will not be liable or responsible for property damage or personal injuries of any kind or character which may occur during said programs or activities, and I do hereby release and forever discharge the said, City of Lufkin of and from all damages, personal injuries, claims, suits, demands, or causes of action arising out of or in connection with the said activities and/or programs.

I hereby represent and warrant the above is in good health and has no physical condition which represents a risk of participation in any program, sports, and facilities owned or used by the City of Lufkin, Parks & Recreation Department.

Photo release:

I understand photos and/or video may occasionally be taken of my child while participating in programs. These photos and videos are for department use only and may be used in future brochures, flyers, presentations, advertisements, or on the City's website.

THANK YOU FOR SUPPORTING LUFKIN PARKS & RECREATION!

Parent or guardian name: _____
(Please print)

Signature: _____ Date: _____

