



Madison Parks & Recreation Department 4th, 5th & 6th grade Little League Basketball

Participation Fee \$50

Deadline – Monday, November 6, 2017

(All applications received by the deadline are guaranteed a roster spot. Those that sign-up after the deadline may be placed on a waiting list and are subject to a \$20 late fee. Roster limits in Basketball are 10 per team.)

Practice starts the week of 11/13; Games start the week of 12/11

- | | |
|--|---|
| <input type="checkbox"/> 4 th grade boy | <input type="checkbox"/> 4 th grade girl |
| <input type="checkbox"/> 5 th grade boy | <input type="checkbox"/> 5 th grade girl |
| <input type="checkbox"/> 6 th grade boy | <input type="checkbox"/> 6 th grade girl |

T-Shirt sizes

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Youth Small | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult X-Large |
| <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Adult Medium | |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Adult Large | |

Name _____ DOB ____/____/____ Age _____

Address _____ City, State, Zip _____

Phone # _____ Cell # _____ Email Address _____

School Attending: _____ Grade: _____ Parents: _____

Do you have a brother or sister in this league Yes No If Yes, name _____

Interested in Coaching: Yes _____ No _____ Name: _____

I understand that there is risk of injury in connection with participating and/or learning to play all Parks Department activities. I hereby accept and assume the risk of such injury on behalf of my child while attending Madison Parks Department functions. I hereby release the organizers, coaches, instructors, land owners and all other persons or entities from all liability for any injury my child may sustain while attending Madison Parks Department functions. I further certify that my child is in good health and can participate in the daily activities concerning this activity.

Parent's Signature: _____ Date: _____

Emergency Contact (other than parents): _____ Phone: _____

**Make checks payable to
Madison Parks Department**

All fees and registration forms
Must be returned to the
Madison Parks Department
100 S. Broadway St. (Brown Gym)
or

you can put it in the drop box at
Brown Gym

Mailing address
101 W. Main St., Madison, IN 47250

For more info, call (812) 265-8308

www.madisonparks.com