

Office Use Only

Date _____
 Receipt # _____
 Birthdate Verified Y N
 Scholarship Y N
 Initials _____

Registration Deadline
 Friday, October 27th

Scout Day
 Saturday, November 4th

Whitesboro P.A.R.D. Youth Basketball

www.whitesborotexas.com/pard

Registration Fee	
Basketball	\$65
Discounts	
2 Siblings Registered = \$5 off	
3 Siblings Registered = \$10 off	
Late Registration Fee: \$10/Child	
(Taken only in cases of shortages on rosters.)	



Please bring the following to PARD located at 400 Wilson Street, Whitesboro, TX 76273 or mail to PARD at P.O. Box 340, Whitesboro, TX 76273 (Do not send forms to school!):

- **Completed** Registration Form
- Fee (Cash or Checks Only – make checks payable to PARD)
- Copy of Birth Certificate (First time PARD participants.) ****PARD does not keep copies on file.****

Call PARD at 903-564-5964 to ask about Scholarships and Payment Plans if needed. No scholarships will be given after the deadline. No exceptions! All late registrations will require the full fee plus a \$10 late fee.

PLAYER INFORMATION

(Incomplete forms will not be accepted)

League age determined by grade:

- 3rd/4th Grade Boys**
 3rd/4th Grade Girls
 5th/6th Grade Boys
 5th/6th Grade Girls

Player's Full Legal Name (Must match Birth Certificate) _____

Date of Birth _____ School _____ Grade _____ Male/Female _____

Mailing Address _____

City _____ Zip Code _____

Mother/Guardian Name _____ Mother/Guardian Phone _____

Father/Guardian Name _____ Father/Guardian Phone _____

Mother's Occupation _____ Father's Occupation _____

Medical Problems of Player _____

Doctor to Notify in Emergency _____ Phone _____

Emergency Contact (Not Parents) _____ Phone _____

Shirt Size (Circle One): YS 6-8 / YM 10-12 / YL 14-16 / AS / AM / AL / AXL / AXXL

Liability Waiver and Consent for Medical Treatment: I, hereby give my approval for the above-named to participate in the PARD Youth Sports Program. I assume all risk and do hereby waive, release and agree not to hold the City of Whitesboro, the PARD, the organizers, sponsors, supervisors, participants, and persons transporting my child responsible for any injury that may be incurred while participating in the program. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I do hereby fully and freely consent to the use of the participant's photo for promotional purposes on both printed materials and websites. I do hereby release and hold harmless the City of Whitesboro from a liability arising out of said participant's photo in a publication, advertisement, and/or promotion.

 Signature of Parent/Guardian Date

Siblings Playing in League (Name and Grade):

Interested in being a Head Coach?	
YES	NO
Interested in being a Referee?	
YES	NO
Name _____	
Phone _____	