

# WHITESBORO P.A.R.D. YOUTH BASKETBALL

[www.whitesborotexas.com/pard](http://www.whitesborotexas.com/pard)

**REGISTRATION DEADLINE – FRIDAY, NOVEMBER 6TH, 2009 AT 5:00PM**

**REGISTRATION FEE - \$ 45.00**

LATE REGISTRATION FEE - \$ 55.00 ( TAKEN ONLY IN CASES OF SHORTAGES ON ROSTERS)

SEND COMPLETED FORM, FEE AND COPY OF BIRTH CERTIFICATE TO PO BOX 340, WHITESBORO, TX 76273  
OR BRING TO P.A.R.D. AT 400 N. WILSON. DO NOT SEND TO SCHOOL

LEAGUE AGE DIVISION DETERMINED BY GRADE: (CIRCLE ONE) **3<sup>RD</sup> & 4<sup>TH</sup> GRADE** / **5<sup>TH</sup> & 6<sup>TH</sup> GRADE**

(PLAYER'S LEGAL NAME) LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

DATE OF BIRTH—MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

DAD'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DAD'S DAY PHONE \_\_\_\_\_ DADS'S EMAIL \_\_\_\_\_

MOM'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOM'S DAY. PHONE \_\_\_\_\_ MOM'S EMAIL \_\_\_\_\_

MEDICAL PROBLEMS OF PLAYER \_\_\_\_\_

DOCTOR TO NOTIFY IN EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO NOTIFY IN EMERGENCY(NOT PARENTS) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**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 PARTICIPANTS 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 PARTICIPANTS IN A PUBLICATION, ADVERTISEMENT, AND/OR PROMOTION.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

**ARE YOU INTERESTED IN BEING A HEAD COACH (CIRCLE ONE) YES / NO**

SIBLINGS PLAYING IN LEAGUE(NAME & AGE) \_\_\_\_\_

\*\*\* ONCE THE DRAFT IS DONE, YOU MAY **NOT** CHANGE TEAMS \*\*\*

-----CUT OFF AND KEEP-----CUT OFF AND KEEP-----

**SCOUT DAY NOVEMBER 14TH**

ALL PLAYERS MUST BE PRESENT AT SCOUT DAY TO BE PLACED IN THE COACH'S DRAFT. IF PLAYERS ARE NOT AT SCOUT DAY, THEY MAY BE PLACED IN A HAT-PICK DRAW. ALL PLAYERS WILL BE ON A TEAM.

SCOUT DAY SCHEDULE

W'BORO INTERMEDIATE GYM

W'BORO 3<sup>RD</sup> & 4<sup>TH</sup> GIRLS AT 9:00AM  
W'BORO 3<sup>RD</sup> & 4<sup>TH</sup> BOYS AT 9:45AM  
C'VILLE 3<sup>RD</sup> & 4<sup>TH</sup> BOYS AT 10:30AM  
C'VILLE 3<sup>RD</sup> & 4<sup>TH</sup> GIRLS AT 11:00AM

W'BORO HAYES PRIMARY GYM

W'BORO 5<sup>TH</sup> & 6<sup>TH</sup> GIRLS AT 2:00PM  
W'BORO 5<sup>TH</sup> & 6<sup>TH</sup> BOYS AT 2:45PM  
C'VILLE 5<sup>TH</sup> & 6<sup>TH</sup> BOYS AT 3:30PM  
C'VILLE 5<sup>TH</sup> & 6<sup>TH</sup> GIRLS AT 4:00PM