

Registration Deadline**Friday, November 6th****Scout Day****Saturday, November 14th****Whitesboro P.A.R.D. Youth Basketball**www.whitesborotexas.com/pard**Registration Fee**

Basketball \$65

Discounts2 siblings in same family registered = \$5 off total
3 siblings in same family registered = \$10 off total**Late Registration Fee: \$10/Child**
(Taken only in cases of shortages on rosters.)

Office Use Only

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

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 physical 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.

Age Divisions:

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

PLAYER INFORMATION**League age determined by Grade*****Incomplete forms will not be accepted*****Jersey Size (Tend to run small):**

- ☐ Youth Sm (6-8) ☐ Adult Sm
☐ Youth Med (10-12) ☐ Adult Med
☐ Youth Lg (14-16) ☐ Adult Lg
☐ Adult XL

Player's Last Name _____ First _____ Middle _____

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 _____

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.

The danger of exposure to upper respiratory illness exists. By participating in recreational sports, you take full responsibility for your own protection, for the risk that you or someone in your family may contract an upper respiratory infection or other illness, and for disinfecting your hands and anything you may touch. Please maintain at least 6 feet between you and other people who are not a part of your household, and do not use the facilities or participate in team events if you or a member of your family has been sick in the past two weeks.

Signature of Parent/Guardian _____ Date _____

Siblings Playing in **SAME** Age Division (Name and Grade) _____**Interested in being a Head Coach?**

YES

NO

Interested in being a Referee?

YES

NO

Name _____

Phone _____