

Abbeville Parks & Recreation
Melvin Harris, Director
334-585-3612
Recreation@CityofAbbeville.org



2009/2010 BASKETBALL
REGISTRATION FORM

I, _____, DO HEREBY GIVE MY CHILD/CHILDREN PERMISSION TO PLAY IN THE ABBEVILLE PARKS & RECREATION'S BASKETBALL LEAGUE. I AGREE NOT TO HOLD THE CITY OF ABBEVILLE; ABBEVILLE PARKS & RECREATION DEPARTMENT; THE RECREATION BOARD; SPONSORS; COACHES; AND/OR ANY OFFICIAL(S) RESPONSIBLE IN ANY WAY IN CASE OF INJURY.

_____ I HAVE INSURANCE ON MY PARTICIPATING CHILD/CHILDREN THAT WILL BE IN EFFECT FOR THE ENTIRE SEASON WITH _____ GROUP# _____
(MUST HAVE INSURANCE CARD)

_____ I WOULD LIKE TO PURCHASE ACCIDENTAL INSURANCE FOR \$10.00

PARENTS NAME: _____

ADDRESS: _____
STREET

CITY STATE ZIP CODE

PHONE ALT PHONE

2nd PARENT'S NAME (if parents live separately) PHONE

1. _____ MALE OR FEMALE
CHILD'S NAME AS IT APPEARS ON BIRTH CERTIFICATE Please Circle

DATE OF BIRTH SHIRT PANT

2. _____ MALE OR FEMALE
CHILD'S NAME AS IT APPEARS ON BIRTH CERTIFICATE Please Circle

DATE OF BIRTH SHIRT PANT

3. _____ MALE OR FEMALE
CHILD'S NAME AS IT APPEARS ON BIRTH CERTIFICATE Please Circle

DATE OF BIRTH SHIRT PANT

A COPY OF HIS/HER BIRTH CERTIFICATE IS REQUIRED WITH PAYMENT AT THE TIME OF REGISTRATION.

REGISTRATION FEE IS \$35.00 FOR EACH PARTICIPANT WHICH COVERS UNIFORM.

PLEASE RETURN THIS FORM AND REGISTRATION FEE TO ABBEVILLE CITY HALL OR THE RECREATION DEPARTMENT ON OR BEFORE NOVEMBER 13TH.