



YOUTH BASKETBALL REGISTRATION
FEE \$50.00



Name of Child: _____

Father: _____ Mother: _____

Address: _____ Zip: _____
Street City State

Phone Number: (home) _____ (work) _____ Cell _____

Email: _____

Jersey Size: Youth: _____ Adult: _____
_____ Small _____ Small _____ X-large
_____ Medium _____ Medium
_____ Large _____ Large

Age Groups: Boys Girls:
4-6 year olds _____ 4-6 year olds _____
7-8 year olds _____ 7-8 year olds _____
9-10 year olds _____ 9-10 year olds _____
11-12 year olds _____ 11-12 year olds _____
13-15 year olds _____ 13-15 year olds _____

Estimated skill level of child: ☐ Beginner ☐ Average ☐ Skilled

Age: _____ Date of Birth: _____ - _____ - _____
Birth Cert. Verified by: _____

Height: _____ Weight: _____

If played last year.....Team

Name: _____

Coach: _____

*****If you are interested in coaching a team, please print your name & phone number and the age group you would like to coach.

Name: _____

Phone #: _____

Boys age group: _____

Girls age group: _____

Requests for particular practice nights or teams cannot be honored.

Palmetto Health USC
ORTHOPEDIC CENTER



Athlete's Name: _____

Home Address: _____

Father's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Mother's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Family Medical Insurance Information:

Carrier: _____ Group: _____

Policy Number: _____ Group Number: _____

ID Number: _____

Family Physician: _____ Phone: _____

Address: _____

Allergies: _____

Other Medical Conditions: _____

We hereby grant consent to any & all health care providers designated by LCRAC to provide my child any necessary medical care as a result of any injury/illness. This consent includes First Aid and Transportation to/from health care providers.

Parent/Guardian Signature: _____ Date: _____

Waiver and Release (Please Read Carefully)

In signing up and participating in the Lexington County Recreation & Aging Commission programs, I/my child are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which I/my child might sustain as a result of participating in any and all activities, including transportation services, where provided.

I/my child acknowledge that there are certain risks of physical injury to participants in this program and I/my child voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I/my child further agree to waive and relinquish all claims against the Lexington County Recreation & Aging Commission, its officials, agents, volunteers, sponsors and employees that I /my child may have as a result of participating in this program.

I/my child understand that photographs of my child's participation in this program may be used by the Lexington County Recreation & Aging Commission to promote its events and facilities. I/my child understand these photos may be taken without my receiving compensation and without my granting additional approval.

Parent. Guardian Signature: _____ Date: _____