



HOLTON PARKS AND REC

3RD/4TH AND 5TH/6TH GRADE WINTER BASKETBALL LEAGUE

DATES TO REMEMBER

- **Monday, Nov 28th - Registration Deadline**
 - Remit form and fee to City Hall or Parks and Rec dropbox
- **Saturday, Dec 3rd - Skills Assessment**
 - 5th/6th Boys @ 8:00 am at HHS JV Gym
 - 3rd/4th Boys @ 9:00 am at HHS JV Gym
 - 5th/6th Girls @ 10:00 am at HHS JV Gym
 - 3rd/4th Girls @ 11:00 am at HHS JV Gym
- **Monday, Dec 12th @ 6:00 pm - Coaches Meeting and Draft**
- **Saturday, January 14th - League Season Begins**
 - 6 weeks, 5th/6th play at HHS, 3rd/4th play at HES

I WANT TO COACH/
ASSIST COACH

(Name)

I WANT TO SPONSOR/
I KNOW A SPONSOR

(Business Name)



**** REGISTRATION FEE - \$25 ****

PARTICIPANT REGISTRATION FORM

(Due by 4:00 p.m. on Monday, November 28th)

Name: _____

League: (Circle One)

Address: _____

Boys 3rd/4th 5th/6th

Girls 3rd/4th 5th/6th

Email: _____

Phone: _____

Parents: _____

T-Shirt Size: (circle one)

Youth: S(6-8) M(10-12) L(14-16) Adult: Small Medium Large

Remit form and \$25.00 fee to City Hall at 430 Pennsylvania or Parks and Rec dropbox at 511 W 5th.

Call 785-364-9000 for more information.

Refunds for activities will be issued with a 10% service charge fee if Parks and Recreation is notified at least seven (7) days prior to the initial start of the season. Refunds after this time will be issued with a 40% service charge. Refund Request form must be filled out and approved for any refund to be issued.

MEDICAL CARE AND TREATMENT

Participant's Name: _____ Date of Birth: _____
(Last) (First)

Parent(s) or Guardian Phone Number: (H) _____ (C) _____

Name and Address of Family Doctor: _____

Health Insurance Company: _____ Policy Number: _____

Emergency Contact: _____

Phone Number: _____ Address: _____

MEDICAL INFORMATION

Drug Allergies: _____ Date of last Tetanus: _____

Other: _____

CODE OF CONDUCT

ALL PLAYERS, COACHING STAFF AND PARENTS ASSOCIATED WITH THE **HOLTON PARKS AND REC** **MUST** ACKNOWLEDGE AND FOLLOW THE CODES OF CONDUCT OUTLINED IN THIS DOCUMENT.

- I WILL REMEMBER THAT CHILDREN PARTICIPATE TO HAVE FUN AND THAT THE GAME IS FOR YOUTHS NOT ADULTS.
- I WILL BE A POSITIVE ROLE MODEL AND ENCOURAGE SPORTSMANSHIP BY SHOWING RESPECT AND COURTESY TO ALL.
- I WILL NOT ENGAGE IN ANY KIND OF UNSPORTSMANLIKE CONDUCT WITH OFFICIALS, COACHES, PLAYERS OR PARENTS SUCH AS BOOING, TAUNTING OR USING NEGATIVE OR PROFANE LANGUAGE OR GESTURES.
- I WILL SUPPORT THE COACHES AND OFFICIALS WORKING WITH MY CHILD.
- I WILL NEVER RIDICULE OR YELL AT MY CHILD OR OTHER PARTICIPANTS FOR MAKING A MISTAKE OR LOSING A COMPETITION. INSTEAD, I WILL PRAISE MY CHILD FOR COMPETING FAIRLY AND TRYING HARD.
- I WILL ASK MY CHILD TO TREAT OTHER PLAYERS, COACHES, FANS AND OFFICIALS WITH RESPECT.
- I UNDERSTAND THAT THE **HOLTON PARKS AND RECREATION DEPARTMENT** HAS A **NO TOLERANCE POLICY** WHEN THERE IS A FAILURE TO FOLLOW THE CODE OF CONDUCT.
 - THE **GYM SUPERVISOR** IS AUTHORIZED TO EJECT PLAYERS, COACHES, AND SPECTATORS FROM THE GYM FOR INAPPROPRIATE BEHAVIOR.
 - THE **GYM SUPERVISOR** IS AUTHORIZED TO SUSPEND A GAME FOR ANY CAUSE THAT HE DEEMS NECESSARY

PARENT SIGNATURE _____ DATE

PARENT SIGNATURE _____ DATE

City of Holton Parks and Recreation

AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

Participant Name: _____

READ BEFORE SIGNING

In consideration of being allowed to participate in sports activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence **The City of Holton and USD 336** and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees", on behalf of myself and my children, parents, heirs assigns, personal representative and estate, and also agree as follows: athletic sports programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1 I acknowledge that participating in sports activities involves known and unanticipated risks, which could result in physical or emotional injury, paralysis, or permanent disability, death, and property damage.
- 2 My child's participation in this activity is purely voluntary and I elect for him/her to participate despite the risks. In addition, if at any time I believe the event conditions are unsafe or that my child unable to participate due to physical or medical conditions, then I will immediately discontinue his/her participation.
- 3 I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my child's participation in this activity, or his/her use of the equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 4 I represent that I have adequate insurance to cover any injury or damage my child may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself.
- 5 In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
- 6 I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if my child is hurt or my property is damaged during participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim of negligence.

I have read and understood this document and agree to be bound by its terms.

(Parent/Guardian Signature)

DATE

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Verification and Notarization

STATE OF KANSAS, COUNTY OF JACKSON, I _____, (Parent or Guardian) of understand that if a serious illness or injury develops, medical and/or hospital care will be given: however the City of Holton and USD 336 are not responsible in case of accidental injury or illness. I further understand that, in case of medical emergency, we will be notified. In the event I cannot be reached, I hereby give permission to a designated member of the City of Holton Parks and Recreation Program, or attending physician to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named on this Health Certificate and do solemnly swear or affirm that the information set forth in the Health Certificate is true and correct to the best of my knowledge and belief.

Parent/Guardian signature _____

Subscribed and sworn to me this _____ day of _____ 20 _____

Notary Public _____ My commission expires _____