**Avery Parks and Rec.** **Jr. Vikings Basketball**

**2016-2017**

**NAME:** _____ **GENDER: M / F HOME PHONE #** _____

**FATHER'S NAME:** _____

**PHONE: (H)** _____ **(W)** _____ **(C)** _____

**MOTHER'S NAME:** _____

**PHONE: (H)** _____ **(W)** _____ **(C)** _____

**CHILD'S MAILING ADDRESS:** _____ **ZIP: 286**_____

**SCHOOL DISTRICT CHILD LIVES IN:** _____**SCHOOL CHILD ATTENDS:** _____

**CHILD'S Grade:** ____ **CHILD'S AGE:** _____

Jersey Size: YS, YM, YL, AS, AM, AL, AXL, XXL

Medical Concerns or Conditions

_____

_____

Waiver of Liability

I, as a parent, legal guardian give my consent for my child to participate in the Avery Parks and Rec. youth Basketball program. I hereby, release the youth basketball coaches, the county of Avery, the Charlotte Hornets and the Avery Parks and Recreation Department whose gym is being used, from liability for any injury that the participant might sustain while engaged in the camp.

_____ _____

Signature of Parent/Legal Guardian Date

$50.00 Per Player
Make Check to: Avery County Parks and Recreation
Mail to: Avery County Parks and Recreation, P.O. Box 883, Newland, NC 28657

K-2 will be Co-Ed., 3-4 Boys and Girls, 5-6 Boys and Girls. If we have enough register we will have a 7-8 Boys and Girls team.