2009-2010 YOUTH BASKETBALL
Southern Pines Recreation & Parks Department
482 E. Connecticut Avenue, Southern Pines, NC
(910) 692-2463
Co-Sponsored by Sandhills Kiwanis

REGISTRATION: Co-ed: 5-6yrs. 7-8 yrs. & 13 – 15 yr. League
AGE GROUPS: Individual: 9-12 year olds (girls only) 9-10 yrs (boys only) 11-12 year olds (boys only)

Registration Deadline: Friday, November 13, 2009
Late Night Registration on Monday, November 9th from 5:00 – 6:00pm
Age based on how old youth is on October 16, 2009
All participants must either reside in Moore County or attend Moore County schools.
Players on school rosters are not eligible to participate in this recreation league.

REGISTRATION FEE: $10.00 Southern Pines Residents - $25.00 Non-Residents
No Southern Pines resident child will be denied participation because of financial hardship.

HOW TO REGISTER: Bring or mail the form below to the Recreation Office at 482 E. Connecticut Avenue, Southern Pines, NC 28387

INSURANCE: **Optional participant insurance is available at low additional cost.**

FIRST PRACTICE: Saturday, December 5 (subject to change) Players will be notified by Coach.

2009-2010 YOUTH BASKETBALL REGISTRATION

NAME_____

ADDRESS_____
Street City State Zip Code

Weight_____ Height_____ School Attending_____

Home Phone #: _____ Parent's Cell # _____

Email Address: _____

Birth date: Month _____Day _____Year_____ Male____ Female____ Age on October 16, 2009_____

5-6 yr. O 7-8yr. O 9-10 yr .boys O 9-12 girls O 13-15 yr. O 11-12 yr. O boys

Did you play So. Pines Recreation Basketball last year? _____ If so What Team_____

If no, list any basketball experience:_____

PLEASE READ! I agree to allow my child to participate in the activity named above offered by the Southern Pines Recreation & Parks Dept. I understand that my child shall abide by all department rules as a condition of participation. I am aware that the activity may cause accident or injury as a direct or indirect result of participation. I also agree to assume all risks involved in my child participating in the activity. I further agree to release Southern Pines Recreation & Parks Department, it's employees, volunteers and agents from any responsibility that should an accident happen.

PARENT'S SIGNATURE_____ DATE_____

****Interested in Coaching????? ***** We Need You!!!!!!*****

Name_____ **Telephone No.**_____

Email:_____@_____