



Rim of the World Recreation and Park District  
P.O. Box 8 - 26577 State Highway 18  
Rimforest, California 92378  
(909) 337-PARK

**Youth Basketball Registration Form**  
2007 – 2008 Season

**PLEASE COMPLETE FRONT AND BACK OF FORM**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Player's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ **Grade:** \_\_\_ Birth date: \_\_\_\_\_ Height: \_\_\_ Weight: \_\_\_ Played in a basketball league before? Yes \_\_\_ No \_\_\_

**JERSEY SIZE (Circle one):**      **Youth Size:** XS S M L      **Adult Size:** S M L XL

Physician/Medical Group: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_ Medical Problems: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent Participation:**

In order to provide a successful program, we need your help. Without volunteer coaches, teams cannot exist. Therefore, if we do not receive a volunteer coach for each team by the end of the registration period, we will be forced to cut players from the roster. These players will be placed on a waiting list. Let's make it possible for all children to participate. Your help is much appreciated. Would you like to volunteer as a:

Coach \_\_\_ Assistant Coach \_\_\_ Team Mom \_\_\_ Time/Scorekeeper \_\_\_ Referee \_\_\_ Other \_\_\_

I have read and completed the registration form and waiver. I understand there are no refunds after January 4, 2008 unless a letter from a physician stating the player is physically unable to participate is turned into the District Office. The registration fee will then be prorated. (\$20.00 of the registration fee is non-refundable)

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE SIGN THE WAIVER ON THE REVERSE SIDE**

**FOR OFFICE USE ONLY**

Paid Amount: \$ \_\_\_\_\_ Type: Cash ( ) Check ( ) # \_\_\_\_\_ Credit Card ( ) App# \_\_\_\_\_

Receipt # \_\_\_\_\_ Invoice # \_\_\_\_\_ Date: \_\_\_\_\_ Received by: \_\_\_\_\_

