**EXCELSIOR SPRINGS PARKS AND RECREATION DEPARTMENT**
**2009-2010 YOUTH BASKETBALL**

**DEADLINE: NOVEMBER 25, 2009**

Completed form, along with the fee, needs to be paid at or mailed to:
**PARKS AND RECREATION DEPARTMENT**
**112 THOMPSON AVENUE, EXCELSIOR SPRINGS, MO 64024**
630-1040

FEE MUST ACCOMPANY FORM $20 IN CITY LIMITS $30 OUT OF CITY LIMITS

**Coaches, teams, and players cannot be requested as per Parks and Rec Policy.**
There must be enough volunteers to coach or the leagues
with not enough coaches will be cancelled.

NAME _____ BIRTHDAY ____/____/____
ADDRESS _____
CITY _____ ZIP _____
PHONES (h)_____(c)_____AGE ____SEX ____GRADE ____
PARTICIPANT LIVES _____ IN CITY LIMITS _____OUT OF CITY LIMITS

How tall are you? _____ Have you played organized basketball before? _____

Practices are during the week. Games will start on Saturday, January 9, 2010.

**PLEASE CIRCLE APPROPRIATE DIVISION**

BOY GIRL BORN BETWEEN AUG 1, 2003 TO JUL 31, 2004 AND AUG 1, 2004 TO JUL 31, 2005

BOY GIRL BORN BETWEEN AUG 1, 2001 TO JUL 31, 2002 AND AUG 1, 2002 TO JUL 31, 2003

BOY GIRL BORN BETWEEN AUG 1, 1999 TO JUL 31, 2000 AND AUG 1, 2000 TO JUL 31, 2001

BOY GIRL BORN BETWEEN AUG 1, 1997 TO JUL 31, 1998 AND AUG 1, 1998 TO JUL 31, 1999

BOY GIRL BORN BETWEEN AUG 1, 1995 TO JUL 31, 1996 AND AUG 1, 1996 TO JUL 31, 1997

BOY GIRL BORN BETWEEN AUG 1, 1993 TO JUL 31, 1994 AND AUG 1, 1994 TO JUL 31, 1995

I WOULD LIKE TO COACH OR ASSIST _____
please circle NAME AND PHONE #
Coaches meeting will be Friday, Dec 4, 2009 at 7:00 p.m. at the Community Center.

We, the undersigned, agree to relieve the City of Excelsior Springs, Missouri, Parks and Recreation Department, or any cooperating persons or agencies of any liability in case of accident or injury in connection with the above participant taking part in the above recreation program.

_____ **<<<< PARENT OR GUARDIAN SIGNATURE**