



Frank A. Mullens Jr.
Mayor

City of South Charleston

SOUTH CHARLESTON YOUTH BASKETBALL SIGN-UP **GRADES K-5**

South Charleston Community Center
601 Jefferson Road
South Charleston, WV 25309
Phone: 304-744-4731

PLAYER _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

PLAYER'S BIRTH DATE _____ SCHOOL _____ GRADE _____

UNIFORM SIZE (please specify youth/adult size sm/med/lg/xl) _____
***PLAYERS DO NOT KEEP UNIFORMS**

PARENT'S NAME _____ PHONE #'s _____

I WOULD LIKE TO: *COACH _____ *ASST/COACH _____

ELIGIBILITY: To be eligible to participate in the SC Youth Basketball League you must be a South Charleston resident, attend Elementary School in South Charleston, or your parent/guardian are employed by the City of South Charleston.

PARENT AUTHORIZATION: I certify that my child is in good physical health and can participate in Youth Basketball. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Coach to secure proper treatment and/or hospitalize my child. I understand that the Basketball League DOES NOT provide liability insurance and that I am responsible for my child's medical expenses. In consideration of this registration, both the participant and parent/guardian each acknowledge that participation is at the participant's sole risk and each agrees to hold harmless the City of South Charleston, South Charleston Community Center, the League President and all employees and/or volunteers of said agencies.

Signature of Parent or Guardian

Please return this registration form along with the registration fee of \$25.00 for 1 child and \$15.00 for each additional child to the South Charleston Community Center by Friday October 20, 2017. Make checks payable to the City of South Charleston.

NOT ENDORSED BY KANAWHA COUNTY SCHOOLS