



**City of Flagstaff  
Parks, Recreation, Open Space, & Events Division  
2022 Jr. Suns Youth Basketball League**



# Registration Form

**Household Information** (please print clearly):

Parent Name: \_\_\_\_\_

Secondary Contact (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact** (other than parent):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**USE THE LEGEND BELOW TO RATE EACH SKILL:**

Participant's Name	Birthdate	Gender (Circle One)	Grade	Jersey Size	Ball Handling	Passing	Shooting	Overall Skill Level
		<b>M / F</b>						
		<b>M / F</b>						
		<b>M / F</b>						
		<b>M / F</b>						

\*\*Jersey sizes youth: YS, YM, YL, YXL and adult: S, M, L, XL, XXL

**Please rate your child's basketball skill level:**

- 1 – Beginner (1<sup>st</sup> time playing)
- 2 – Recreational (Just for fun, some organized playing experience)
- 3 – Competitive (Routinely plays in recreational leagues)
- 4 – Elite (Club/Travel team experience)

**Are you interested in coaching? Yes      No**

**Name:**

**Phone Number/Email:**

Please answer the following questions:

1. How many years has your child played organized recreational basketball? \_\_\_\_\_

2. How many years has your child played club/travel basketball? \_\_\_\_\_

**Participant/Parental Consent, Waiver and Release**

I am aware that participation in any program, sport, or activity can be dangerous involving risks of injury. I understand that the dangers and risks of participating include, but are not limited to, death, serious or permanent injury, and damage to other parts of my body. I understand that spinal and neck injuries which could cause brain damage and/or paralysis, are among the many injuries I could receive from participation in these activities. I am aware of the nature of this activity and I assume responsibility for myself, if I am a participant, and as parent or guardian of the minor child(ren) indicated above as participant(s). In consideration of the permission by the City of Flagstaff to accept the above named participant(s) in the listed activities, the undersigned hereby releases and holds harmless the City of Flagstaff, the Recreation Division, its officers, officials, employees, and volunteers from and waives and relinquishes any claim, liability, cause of action, damages, or costs for personal injury or property damage arising as a result of participation in or receiving instructions from the City regarding said activity, including transportation to and from the activity.

The undersigned acknowledges that he/she has been fully advised of the risks and potential dangers incidental to engaging in the activities for which this registration is submitted and voluntarily and knowingly assumes the risks of engaging in the activity. I hereby approve of the City to use my likeness or my minor child's likeness in future publications and/or publicity. All photos will remain the property of the City of Flagstaff. By signing this agreement you are agreeing to relieve the City of liability to personal injury, wrongful death or property damage, and release photo rights.

**Signature of Participant** (Parent or Guardian signs if participant is under 18)

**Date**