   
**CHILD’S NAME: AGE:**

WORLAND RECREATION GIRLS BASKETBALL

**Return Registration forms to front office @ Community Center**

**Registration ends 12/12/24**

**3rd, 4th, 5th & 6th Grade**

**Questions directed to the Worland Community Center Complex**

**307-347-8616**

**ADDRESS: GRADE:**

**DATE OF BIRTH: HEIGHT:\_\_\_\_\_\_\_\_\_\_\_\_**

**FATHER’S NAME: PHONE #:**

**MOTHER’S NAME: PHONE #:**

**Travel: Y or N**

**T-SHIRT SIZE (CIRCLE ONE) YOUTH: S M L XL**

**LIST ANY MEDICAL PROBLEMS OR ALLERGIES:**

I, the undersigned parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Player’s name) recognize the possibility of physical injury associated with basketball, hereby release the Worland Recreation District, its officers, league coaches, organizers, referees and all associated personnel against ANY claim by or for the registrant as a result of the registrant’s participation in the program.

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Player’s Name: Date:

Parent’s Signature:

The fee for participation in the Worland Recreation Basketball Program is $30.00 per child. If you register more than one child the fee is $25.00 per child.

**COACHES NEEDED**. Volunteer coaches required. If you are willing to coach please indicate below. If you are selected as a coach your registration fee will be refunded. If we don’t have enough coaches that means more players per team and less playing time. **Only your own** **child may be requested for your team**. The start date for games will be TBD. Please make checks payable to Worland Recreation District.