



Lisbon PARKS & REC



3rd, 4th, 5th & 6th BOY'S BASKETBALL 2016 Deadline for sign-up is Friday, December 9th

Fee: \$36.00 includes a reversible, micro-mesh jersey / \$21.00 have existing jersey

Add \$10 late fee for registrations received after December 9th No registrations will be accepted after Dec. 15th

Practices: Practice schedules are determined by the volunteer coaches. Team members will be notified of their assignment and first practice by the coaches.

Tentative Game Dates: SATURDAYS – January and February (final schedule will follow)

Games will be played in Lisbon, Mt. Vernon, or Solon.

Please keep in mind these programs cannot happen without coaches. Please sign up if you are able.

Would you be able to coach? Yes ___ No ___ Would you be able to assist the coach? Yes ___ No ___

Coach Shirt Size _____ Coach E-mail _____ Coach Phone _____

Coaches Meeting: Thursday December 15th @ 6:00 pm - Lisbon City Hall

Player Information

More than one child can be listed on the form as long as it is the same sport. More registration forms available at city hall.

Shirt Sizes: YS 6-8, YM 10-12, YL 14-16 AS 34-36, AM 38-40, AL 42-44, AXL 46-48, AXXL 48-50

Name	Gender	Grade	Jersey Size OR Have Jersey #
1. _____	M	_____	_____
2. _____	M	_____	_____
3. _____	M	_____	_____

Parents/Guardians _____

Address _____ City _____ Zip _____

Home Phone _____ Work/Cell Phone _____ E-mail _____

Waiver Form

This section must be signed for all participants.

I hereby understand that my child has registered to participate in the program listed above, which is sponsored by Lisbon Parks and Recreation. I understand that this program, like most programs similar in nature, present and invoke some degree of inherent risk of physical injury. I understand that the participants assume full responsibility for any bodily injury incurred while taking part in the activity. No medical insurance is provided by the City of Lisbon or Lisbon Parks and Recreation. If your child requires special attention you will need to provide an assistant to help your child during practices and at games.

By signing this waiver, I agree that my child is in good physical condition appropriate for the activity selected, and give permission for my child to participate in this program and to ride with a responsible adult to the out of town games. All children will be required to wear seat belts while traveling. I hereby release the coaches, driver(s), the City of Lisbon and Lisbon Parks and Recreation of any responsibility for any accidental mishaps that may occur en route to or from any game or practice. I give my permission to use photos of my child for Park and Rec. promotions in flyers and on the website.

Parent/Guardian Signature _____ Date _____

TEAM ASSIGNMENT POLICY: NO special team or car pooling requests. Children living in the same household and in the same age group will be placed on the same team. Submit forms and payment to Lisbon City Hall. Make checks payable to City of Lisbon. A \$10 charge will be added for late registrations. No refunds after the first practice. Scholarships available by contacting Jeff K. @ SELCC 455-2844

If you have any questions please contact Doug Kamberling at 319-310-7854 or doug@stonecliffwinery.com