

# Jerseyville Parks & Recreation Department

401 Mound Street ♦ Jerseyville, IL 62052

618.498.2222 ♦ [www.jerseyville-il.us](http://www.jerseyville-il.us)

## Youth Basketball League

- Fee is \$45/individual early registration; **\$50/individual regular registration.**
- Teams are divided by league and grades: 1/2, 3/4 & 5/6
- Fee includes a game shirt with player name and number
- No equipment is provided
- Equipment required: basketball & non-marking sole shoes
- Leagues will run: **GIRLS=Nov-Dec; BOYS=Jan-Feb**
- Most games will be played at the Sunig Center
- Games will be played on nights and weekends
- Leagues depend on parents as volunteer coaches



**Registration deadlines: GIRLS Early: on September 16<sup>th</sup>, Regular Ends on Wed, Sept. 23<sup>rd</sup> BOYS Early: on October 21<sup>st</sup>, Regular Ends on Sat, Oct. 28<sup>th</sup>**

-----RETURN BOTTOM PORTION OF FORM WITH PAYMENT TO: JPRD/ 401 Mound Street / Jerseyville, IL 62052-----

Fee: \$ 45/early; \$50 Reg Method of Payment:  Check # \_\_\_\_\_  Cash **Girls Basketball** \_\_\_\_\_ **Boys Basketball** \_\_\_\_\_

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Gender:  M  F

Shirt Size:  Youth S  Youth M  Youth L  Adult S  Adult M  Adult L  Adult XL

Primary Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address (ONLY used for program purposes) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Describe any special accommodations this participant may need \_\_\_\_\_

Would anyone in your household like to be a volunteer **Head coach**?  Yes  No / Asst. Coach?  Yes  No Name \_\_\_\_\_

**Participant Release Statement:** I hereby, for the participant and myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I or my child may have against the City of Jerseyville its successors and assigns, it's employees, agents, officers and directors for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I further understand the risks and dangerous situations attendant to the activity for which my child is entering. I understand medical coverage is my responsibility. **PHOTO PERMISSION:** I grant permission for pictures to be used in the City of Jerseyville publicity materials. **ACTIVITY DISCLAIMER:** I understand that the City of Jerseyville reserves the right to cancel, combine or divide classes. In addition, there may be a need to change dates, times, locations, instructors, fees or program outline revisions of any activity offerings.

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Jerseyville Parks & Recreation Department ♦ Youth Basketball ♦ Winter 2023-2024**

For JPRD use only  
Registration Taken By \_\_\_\_\_ Date \_\_\_\_\_ Fee Paid \_\_\_\_\_ Entered By \_\_\_\_\_ Date \_\_\_\_\_