



P.O. Box 238 Burns, Oregon 97720

### Boys and Girls League Basketball Grades 2<sup>nd</sup>-5<sup>th</sup> 2018//2019

Basketball sign-ups are being accepted at Slater and Hines school offices and the High Desert Park and Rec. office. The GIRLS league will play Nov.-Dec., and the BOYS league will play in Jan.-Feb.

Deadline to sign up for GIRLS league is Wed., Oct. 17th  
Deadline for BOYS league is Wed., Dec.19th. Girl's practices tentatively begin the first part of November. The Boy's practices will begin after Christmas Break.

**Adults wishing to coach can contact the HDPR Office.**  
Teams will practice for one hour, twice a week. Games will be played in the evenings during the week, and possibly a few Saturday games. **There is a \$25.00 fee per player.**  
Coaches will notify players of practice times.

For further information, you may call the Park and Rec. at (541) 573-2413

Sign up online at [www.highdesertparkandrec.com](http://www.highdesertparkandrec.com)!

# BASKETBALL

**FEE: \$25.00**

**After Deadline: \$35.00**

\_\_\_\_\_  
Last Name                      First Name                      Date of Birth                      Grade

Boy  Girl       Email Address: \_\_\_\_\_

\_\_\_\_\_  
Address (street)                      (mailing)

\_\_\_\_\_  
City                      State                      Zip                      Home Phone

\_\_\_\_\_  
Person/Address/Phone to notify in an event of an emergency

\_\_\_\_\_  
Another Person/Address/Phone to notify in an event of an emergency

\_\_\_\_\_  
Doctor/Phone to notify in event of an emergency

**IMPORTANT!!!**

I agree that I, the registrant, will abide by the rules of High Desert Park & Recreation, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with playing a sport, I hereby release, discharge and/or otherwise indemnify the High Desert Park & Recreation, its affiliated organizations and sponsors, their employees, coaches, and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

\_\_\_\_\_  
Name (please print)                      Signature                      Date  
(Parent if registrant is under 18)

**CONSENT FOR MEDICAL TREATMENT:**

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 the registrant.

\_\_\_\_\_  
Signature                      Date  
(Parent if registrant is under 18)

**Check all that apply that interest you as a parent!** Scorekeeper  Head/Asst. Coach   
Referee  Linesman  Other  \_\_\_\_\_