

Iberville Parks and Recreation
2024 - 2025 Basketball - Ages 5 to 12

Registration Fee: \$40 per child No Refund

Registration Deadline: November 22

League Starts December 16th at Carl F. Grant Civic Center

Name: _____
(First) (Middle) (Last)

Address: _____
(House Number and Street) (City) (Zip Code)

Date of Birth: _____ Age (as of September 1) _____
A copy of a birth certificate is required if one is not currently on file.

Grade: _____ Male: _____ Female: _____

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Cell: _____ Cell: _____

Email: _____ Email: _____
At least one email is required from either parent.

Shirt Size (circle one) YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

Shorts Size (circle one) YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXL

VOLUNTEER – All volunteers must pass a background check.

Head Coach or Assistant Coach (Please circle one) Name _____

Shirt Size _____ Cell Number _____ Email _____

My undersigned signature confirms my understanding that participation in this leisure activity is on a voluntary, amateur basis and that there may be an element of risk involved. IPRD is not responsible for any injuries or accidents sustained and encourages all participants to obtain insurance for player protection. By acceptance of these conditions, I do, on behalf of myself, heirs, and legal representative, hereby release and forever discharge IPRD, and all its representatives from any and all claims and demands of every kind, nature, and character, for any and all damages, losses, or injuries which may be sustained by the registrant in connection with any aspect of participation in this voluntary amateur activity.

Permission to Use Photograph & Name (Please check one)

- I grant Iberville Parks and Recreation, the right to use registrant's name, picture and/or likeness in printed, broadcast, web based, social media and other material concerning the program.
- I do not grant Iberville Parks and Recreation the right to use my child's name or photographs.

Parent Signature: _____ (Required for Child to Participate)

SIGN UP FOR TEXT/EMAIL REMINDERS AT WWW.PLAYIBERVILLE.COM

Give us a call at (225) 687-0641 with any registration questions.
Mail to: IPRD P.O. Box 1060 Plaquemine, LA 70765 / 24 hour drop slot at our IPRD office.

DO NOT SEND BACK TO SCHOOL

*****OFFICE USE ONLY*****