



Assumption Parish Bidy Basketball

Coach W. Carter / Lead Coordinator

Fee: \$20

Registration Form 2022-2023

Fee: \$20

Last Name _____ First Name _____
 Address _____ City _____
 State _____ Zip _____ Date of Birth _____
 School _____ Gender _____ Age _____ Shirt Size: Youth S M L XL
 Adult S M L XL

Parental Information

Mothers Last Name _____ Mothers First Name _____
 Fathers Last Name _____ Fathers First Name _____
 Address _____ City _____ State _____ Zip _____
 Cell Phone Number _____ Home Phone _____

Payments: Fees may be paid by cash or by check.
 Make check payable to: **Assumption Parish Police Jury**

Contact Information
 For more information, contact Coach Wil
 Carter at 225-431-4840
 Email: wkcarter2@gmail.com

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance Carrier _____ Policy number _____

PARENT STATEMENT

I hereby state that (player's name) _____ is in good mental and physical health condition to participate in the activities provided by Assumption Parish Bidy Basketball Program, including but not limited to all aspects of basketball. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release Assumption Parish Bidy Basketball Program from liability to the above-named athlete, of the person claiming through him/her, arising from injury to the person or property of the above-named athlete occurring in the premises of Assumption Parish Community Center.

I understand that Assumption Parish Bidy Basketball Program has the right to deny admittance to any player not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with the program, or its scheduled program and that Assumption Parish Bidy Basketball Program has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature _____ Date _____

OFFICE USE ONLY

Amount Paid _____ Check # _____ Receipt # _____ Staff _____