

**SUMTER COUNTY RECREATION & PARKS
2018 - 2019 BASKETBALL REGISTRATION**
(Please Print or Type)

Participant's Name _____ Male / Female
Full Name Required: First Middle Last

Address _____ City _____ State _____ Zip _____

Primary #() - _____ Secondary #() - _____ E-Mail _____

Is this a new participant - Yes / No. If returning, has any of the information above changed since last year - Yes / No

Parent's Name (Print) _____ I am willing to coach Y/N assist Y/N

School _____ Player's Size: Youth S * YM * YL * Adult S * AM * AL * AXL * AXXL

I would like to sponsor a team Y/N If yes, Sponsor's Name _____ #() - _____

PLEASE CHECK APPROPRIATE AGE GROUP			
___ Ages 5 & 6	(As of 9/1/2018)	Age ___	\$40.00
___ Ages 7 & 8	(As of 9/1/2018)	Age ___	\$45.00
___ Ages 9 & 10	(As of 9/1/2018)	Age ___	\$45.00
___ Ages 11 & 12	(As of 9/1/2018)	Age ___	\$45.00
___ Ages 13 & 14	(As of 9/1/2018)	Age ___	\$45.00
___ Ages 15 - 17	(As of 9/1/2018)	Age ___	\$45.00

I FULLY UNDERSTAND ALL FEES ARE NON - REFUNDABLE: _____
Parent / Guardian Signature

PLEASE NOTE: All Participants will be in a draft system. There is no guarantee a participant will get placed on a certain team or with a certain coach. Any special request will be given to the coaches on selection day. All participants in competitive age divisions will be required to play with their age group. Participants will not be allowed to stay down in age divisions.

Sumter County Recreation & Parks Release of Liability Form

My signature below gives my approval for the above to participate in any and all league activities during the 2018 - 2019 Basketball Season. I assume all risk and hazard incidental to such participation, **including transportation to and from all activities**; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisors, participants and person transporting the child to and from activities, for any claim arising out of any injury to the child. I grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the above become ill or injured while participating in league activities away from home or at other times when neither parent/guardian is available to grant authorization of emergency treatment.

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY					
Amount Paid\$	_____	Check #	_____	Cash	_____
			Date	Employee	Recorded in Rec Trac
Receipt #	_____	Comments	_____		

**SUMTER COUNTY RECREATION DEPARTMENT
BASKETBALL DATE SHEET
2018 - 2019**



OCTOBER 22	MONDAY	FIRST DAY OF REGISTRATION
NOVEMBER 7	WEDNESDAY @ 6:00 p.m.	COACHES MEETING
NOVEMBER 8	THURSDAY	LAST DAY TO REGISTER
NOVEMBER 13	TUESDAY @ 5:45 p.m.	WORKOUTS FOR 5 & 6 YEAR OLDS PICK TEAMS FOR 5 & 6 YEAR OLDS
	@ 6:45 p.m.	WORKOUTS FOR 7 & 8 YEAR OLDS PICK TEAMS FOR 7 & 8 YEAR OLDS
NOVEMBER 14	WEDNESDAY @5:45 p.m.	WORKOUT FOR 9 & 10 YEAR OLDS PICK TEAMS FOR 9 & 10 YEAR OLDS
	@6:45 p.m.	WORKOUTS FOR 11 & 12 YEAR OLDS PICK TEAMS FOR 11 & 12 YEAR OLDS
NOVEMBER 15	THURSDAY @ 5:45 p.m.	WORKOUTS FOR 13 – 14 YEAR OLDS PICK TEAMS FOR 13 - 14 YEAR OLDS
	@ 6:45 p.m.	WORKOUTS FOR 15 – 17 YEAR OLDS PICK TEAMS FOR 15 - 17 YEAR OLDS
NOVEMBER 22-23		HOLIDAY – THANKSGIVING
NOVEMBER 26		WEEK PRACTICE STARTS
DECEMBER 24 – 26		HOLIDAY – CHRISTMAS
DECEMBER 29	SATURDAY	JAMBOREE
DEC 31- JAN 1		HOLIDAY – NEW YEARS
JANUARY 3	THURSDAY	START OF REGULAR SEASON
JANUARY 21	MONDAY	HOLIDAY – MARTIN LUTHER KING
FEBRUARY 12	TUESDAY	REGULAR SEASON & TOURNAMENT ENDS

**RECREATION
&
PARKS**



155 Haynsworth St.
Sumter, SC 29150
(803) 436-2248
FAX: (803) 436-2400
recreation@sumtercountysc.org

COACHES APPLICATION – 2018 YOUTH BASKETBALL

Application must be filled out completely & PRINTED IN BLACK OR BLUE INK OR TYPED

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE NUMBER () - () - () -
PRIMARY # SECONDARY # FAX #

E-MAIL ADDRESS _____

SOCIAL SECURITY # ____ / ____ / ____ DATE OF BIRTH ____ / ____ / ____

DRIVER'S LICENSE (STATE ISSUED) _____ (NUMBER) _____

LIST ANY PREVIOUS YOUTH SPORTS YOU HAVE ASSISTED OR COACHED:

SPORT POSITION WHEN

SPORT POSITION WHEN

COACHING DESIRED: *CIRCLE ONE* HEAD COACH ASSISTANT HEAD COACH

AGE GROUP: *CIRCLE ONE* 5/6 Year Olds 7/8 Year Olds 9/10 Year Olds
 11/12 Year Olds 13/14 Year Olds 15-17 Year Olds

TEAM OR COACHES NAME ASSOCIATED WITH _____

NOTICE: Please read this carefully and sign below to indicate you have read, fully understand this notice and its contents, and agree to its terms.

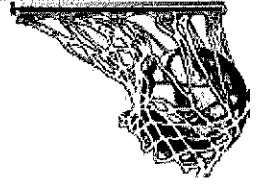
It is understood and agreed that any misrepresentation or omission of information by me in this application will be sufficient for cancellation and/or separation from the league. Furthermore, I understand that just as I am free to resign at any time, the league reserves the right to cancel my coaching privileges at any time with or without prior notice.

I give the right to my employer, persons, references, organizations, and previous employers to provide any information pertinent to my being selected.

I also understand, agree to and hereby authorize a background investigation which includes a criminal record check.

SIGNATURE _____ DATE _____

Sumter County Recreation & Parks YOUTH BASKETBALL SPONSOR 2018-19



Please return this invoice with your sponsor fee

<u>Company</u>	<u>Contact Person</u>
Name: _____	Name: _____
Address: _____	Phone #: (____) _____ - _____
_____	Fax #: (____) _____ - _____
Email Address: _____	

Team Sponsorship	2018-19 Season	\$150.00
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Thank you for your support of the Sumter County Youth Basketball Program.
Your involvement is vital to the success of our program!

INFORMATION AND OPTIONS

- ⇒ Returning sponsors have first choice of leagues if payment is received by November 19, 2018.
- ⇒ New sponsors will be assigned to their child's league after November 10, provided space is available in that league. The date of check receipt determines assignment order.
- ⇒ If you DO NOT have a child in the program and/or DO NOT have a league or age preference, please check here: _____. Thank you for allowing us to assign your sponsorship to a league where sponsors are most needed.
- ⇒ I wish to support the following age group: (circle one)

5 - 6 Year Olds	7 - 8 Year Olds	9 - 10 Year Olds
11 - 12 Year Olds	13 - 14 Year Olds	15 - 17 Year Olds

If you have children in the program, please list names, and ages.

Name _____ age _____ (circle one) Boy / Girl
 Name _____ age _____ (circle one) Boy / Girl

- ⇒ Sponsors logo will be placed on the back of the jersey, at the shoulders
- ⇒ Sponsors will receive a team jersey and a team photograph.
- ⇒ Make checks payable to: **Sumter County Recreation & Park or SCRP**
- ⇒ Mail to: **ATTN: Youth Basketball Sponsor,**
155 Haynsworth St., Sumter, S.C. 29150
- ⇒ If you have any questions, please call: **Ryan Graham @ (803) 436-2248**
Or email rgraham@sumtercountysc.org

OFFICIAL USE ONLY				
AMOUNT PD \$ _____	CA / CK # _____	DATE ____ / ____ / ____	BY: _____	RECEIPT # _____