



# Brown County Parks & Recreation

## All Program Registration:

**Office use only**  
 Date Rec. \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 By: \_\_\_\_\_ Amt. \_\_\_\_\_  
 Cash \_\_\_ Ck# \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Grade by Fall of current year: \_\_\_\_\_

**Please Circle Shirt Size:**

Youth: S M L Adult: S M L XL  
 (sizes run small)

**School or Area:** -Please Circle One -

Jr. High – Helmsburg – Nashville

Sprunica – Van Buren

Brothers/Sister Program: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**LIABILITY RELEASE:** I, as a participant or legal guardian representing a minor participant, agree to release the Brown County Parks & Rec., its officers, employees and volunteers from any and all liability for accidents, injuries, loss of and/or damage to my/our person or property that may arise out of my/our participation in or my/our presence at the above activity(s). I / We are aware that there are certain risks or possible dangers in participating in this activity. I have entered into this agreement of my own free will.

**MEDICAL RELEASE:** In case of illness or accident, our permission is given to take the above person to the hospital or doctor's office for whatever medical or surgical attention will be or is needed.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Picture Release:** I, as a participant or legal guardian representing a minor participant agree to allow BCP& R to use pictures taken at events for promotional purposes – please circle one: YES NO

**Code of Ethics Release:** I (we) agree to abide by, follow and comply with the rules, policies, and expectations of the B.C.P&R programs and will conduct myself (ourselves) in a courteous and respectful manner by exhibiting good sportsmanship and being a positive role model for youth. I (we) also understand that failing to do so will constitute ground for sanctions and/or dismissal of participant from the program

**Physical Limitations** (allergies, hearing, sight, etc.)

**Parent/Guardian Signature:** \_\_\_\_\_

<u>Program</u>	<u>Registration Fee</u>
Adult Winter Basketball	\$40.00
Youth Softball	\$40.00
T-Ball	\$40.00
Rookie	\$45.00
Minor & Major	\$50.00
Babe Ruth Baseball	\$70.00
Flag Football	\$40.00
Soccer (Preschool Ages 3-4)	\$30.00
Soccer (Grades K-8)	\$35.00
Adult Church Basketball	\$40.00
Youth Basketball (Preschool-K)	\$30.00
Youth Basketball (Grades 1-9)	\$40.00
Cabin Fever 5	\$20.00



Please circle the program in which you wish to participate. **ALSO USE THIS FORM WITH CREDIT CARD REGISTRATION SO WE HAVE A LIABILITY RELEASE!**

For more information on deadlines and sign up dates check our **website calendar.**



**PLEASE HELP IF YOU CAN!!!**

\_\_\_\_\_ Please call me, I will

coach \_\_\_\_\_ Assist \_\_\_\_\_ Other \_\_\_\_\_

I would like to **Sponsor** a youth team: \$125.00/ Sponsor Fee

Baseball \$225.00 /Sponsor Fee

Name \_\_\_\_\_

Best time to call: a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_

**\*To insure player safety a background check will be done on all Coaches and Assistant Coaches.**

Please read, complete, and sign form. Return (with fee)  
 Brown County Parks & Recreation Dept. (Deer Run Park)

1001 Deer Run Lane, P.O. Box 299, Nashville, IN 47448

Or Pay Fees On-line at [www.bcparksrec.com](http://www.bcparksrec.com)

(812)988-5522 (Phone) (812)988-5503 (Fax)