



2025 ADULT WINTER BASKETBALL

Brown County Parks and Recreation

Office use only

Date Rec. _____

Receipt # _____

By: _____ Amt. _____

Cash ___ Ck# _____

Name: _____

Team: _____

Age (if under 18): _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____



ELIGIBLE PLAYERS: Ages 16+

(NOT ON A HIGH SCHOOL TEAM)

FIRST GAME: January 5, 2025

LOCATION: BC JR HIGH SCHOOL GYM

Please Circle Shirt Size:

Adult: S M L XL XXL XXXL

TEAM CAPTAIN REGISTRATION OF \$55.00 along with sponsor Fee of \$225.00

and team roster DUE BY: 12/13/24 to be placed on game schedule!

ALL PLAYERS MUST PRE-REGISTER EITHER ONLINE, BY MAIL OR AT THE OFFICE TO PARTICIPATE

(On-site registration will not be available and no registrations will be accepted at the gym)

*NOTE: Any intentional verbal intimidation or physical altercation towards another participant or official may result

LIABILITY RELEASE: By signing below I, as a participant or legal guardian representing a minor participant, agree to release the Brown County Parks & Rec. ("BCPR") Dept, its officers, employees, sponsors, and volunteers from all liability for accidents, injuries, illnesses (including but not limited to unknown risks/exposure to COVID-19) 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, permission is granted to take the above person to the hospital or doctor's office for medical attention.

Code of Ethics Release: As a participant or spectator, I (we) agree to abide by, follow and comply with the rules, policies, and expectations of the BCPR program 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 grounds for sanctions and/or dismissal from the program.

Picture Release: I, as a participant or legal guardian representing a minor participant, agree to allow BCPR to use photographs taken at events for promotional purposes.

Emergency Contact: _____ **Phone:** _____

Physical Limitations (allergies, hearing, sight, etc.): _____

Signature: _____

Player Fee \$55.00

**MUST BE REGISTERED WITH THE
BCPR OFFICE BEFORE PLAYING IN
YOUR FIRST GAME**

Brown County Parks & Recreation
902 Deer Run Lane Ste B
Nashville, IN 47448
Phone: 812-988-5522

Register online @ bcparksrec.com

All Refunds are subject to a \$2 fee

Returned check fee: \$20