



# 2026 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 4, 2026

LOCATION: BC JR HIGH SCHOOL GYM

### Please Circle Shirt Size:

Adult: S M L XL XXL XXXL

**TEAM CAPTAIN REGISTRATION OF \$60.00 along with sponsor Fee of \$225.00**

**and team roster DUE BY: 12/12/25 to be placed on game schedule!**

**ALL PLAYERS MUST PRE-REGISTER EITHER ONLINE OR AT THE OFFICE TO PARTICIPATE**

**\*NOTE: Any intentional verbal intimidation or physical altercation towards another participant or official may result in an immediate two-year suspension from the program**

**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 \$60.00**

**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](http://bcparksrec.com)

*All Refunds are subject to a \$2 fee*

*Returned check fee: \$20*