Registration Deadline

***Wednesday,* October 24th**

Scout Day

Saturday, November 3rd

Whitesboro P.A.R.D. Youth Basketball

www.whitesborotexas.com/pard

Registration Fee	
Basketball	$65
Discounts 2 siblings in same family registered = $5 off 3 siblings in same family registered = $10 off	
Late Registration Fee: $10/Child **(Taken only in cases of shortages on rosters.)**	

Office Use Only
Date_____
Receipt #_____
Birthdate Verified **Y N**
Scholarship **Y N**
Initials_____

Please bring the following to PARD located at 400 Wilson Street, Whitesboro, TX 76273 or mail to PARD at P.O. Box 340, Whitesboro, TX 76273 (Do not send forms to school!):

- **Completed** Registration Form
- Fee (Cash or Checks Only – make checks payable to PARD)
- Copy of Birth Certificate (First time PARD participants.) ****PARD does not keep copies on file.****

Call PARD at 903-564-5964 to ask about Scholarships and Payment Plans if needed. No scholarships will be given after the deadline. No exceptions! All late registrations will require the full fee plus a $10 late fee.

Select League:

- □ 3rd/4th Grade Boys
- □ 3rd/4th Grade Girls
- □ 5th/6th Grade Boys
- □ 5th/6th Grade Girls

PLAYER INFORMATION

Incomplete forms will not be accepted

League age determined by Grade

Jersey Size *(Tend to run small)*:

- □ Youth Sm (6-8)
- □ Youth Med (10-12)
- □ Youth Lg (14-16)
- □ Adult Sm
- □ Adult Med
- □ Adult Lg
- □ Adult XL

Player's LastName_____Middle_____First_____

Date of Birth_____ School_____ Grade_____ Male/Female_____

Mailing Address_____

City_____ Zip Code_____

Mother/Guardian Name_____ Mother/Guardian Phone_____

Father/Guardian Name_____ Father/Guardian Phone_____

Mother's Occupation_____ Father's Occupation_____

Medical Problems of Player_____

Doctor to Notify in Emergency_____ Phone_____

Emergency Contact (Not Parents)_____ Phone_____

Liability Waiver and Consent for Medical Treatment: I, hereby give my approval for the above-named to participate in the PARD Youth Sports Program. I assume all risk and do hereby waive, release and agree not to hold the City of Whitesboro, the PARD, the organizers, sponsors, supervisors, participants, and persons transporting my child responsible for any injury that may be incurred while participating in the program. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I do hereby fully and freely consent to the use of the participant's photo for promotional purposes on both printed materials and websites. I do hereby release and hold harmless the City of Whitesboro from a liability arising out of said participant's photo in a publication, advertisement, and/or promotion.

_____

Signature of Parent/Guardian Date

Siblings Playing in same League (Name and Grade):

_____

Interested in being a Head Coach?

YES NO

Interested in being a Referee?

YES NO

Name_____

Phone_____