

**HIGGINSVILLE PARKS & RECREATION**  
**FUTURE STARS K-1st BASKETBALL PROGRAM REGISTRATION FORM – Due: 11/04/22**  
**You may sign up at any time or come to the registration night Nov. 3rd, 3-6pm at the Comm. Building.**

Practices start soon after. **Cost \$40 per child.** (multi kid discount – see below---Games will be played Saturdays mainly, with 1 or 2 possibly being played on a Tuesday or Thursday night. 5 game season.  
**NOTE:** Sunday Practices are a possibility in all HPR programs. Coaches determine when they will practice.

**THIS IS THE KINDERGARTEN - 1<sup>ST</sup> GRADE BASKETBALL FORM**

Players Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ #2 Phone: \_\_\_\_\_

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

**CIRCLE INFO:**

Is it ok to text message you?    Y        N

BOY                      GIRL                      KINDERGARTEN                      1<sup>ST</sup> GRADE

PARTICIPANT T-SHIRT SIZE:    YXS    YS    YM    YL    (Samples will be available at the park office for reference)

**I would like to volunteer as (please circle):    Head Coach                      Assistant Coach**

**Coach Shirt Size...AS, AM, AL, AXL, AXXL, AXXXL**

**Future Stars PROGRAM FEE - \$40.00 (Multi kids: After the first child at regular price, \$10 discount per child same house).** Fee covers shirt, and player gift at end of season. Cash, check, or money order accepted. Make checks to HPR or Higg. Parks & Rec. If you have older kids (2-7 grade) playing you may apply the discount as well.

**Note:** Head coaching and Asst. positions are not guaranteed in any HPR program. All coaches must pass a background check as well. **WE ARE UNABLE TO GUARANTEE THAT REQUESTS TO BE ON A CERTAIN TEAM, WITH A CERTAIN COACH, OR ASKING THAT ANOTHER CHILD BE PLACED WITH YOUR CHILD WILL HAPPEN.**

My child has medical restrictions which their coach should be aware of. Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Asthma, epilepsy, diabetes, etc.) If yes, please explain \_\_\_\_\_

**INSURANCE WAIVER**

I have insurance that covers my child to participate in the Higginsville Park and Recreation Rotary Basketball League program. Insurance Company Name \_\_\_\_\_. If I do not have insurance for my child, nor do I wish to obtain insurance for my child, I know that it will be my full responsibility for any medical expenses incurred.

**PARENTAL CONSENT AND WAIVER OF LIABILITY**

I consent to, and give permission for, my child to participate in the Youth Basketball Program. I have no knowledge of any physical impairment that would be affected by my child's participation in the basketball program. I further agree to waive all liability of the Higginsville Park and Recreation Basketball Program, its representatives, employees, Managers, team coaches, School District and any other participant, for any accident, injury, illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the basketball program, whether or not such liability, claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Basketball Program, its agents and specifically including any defects in the condition of the property of the Basketball Program or the condition of its maintenance. I consent (yes \_\_\_ or no \_\_\_) to emergency medical care for my child in case of sickness or injury, and any actual charges made for such care. I agree to abide by the rules and regulations as set forth by the Basketball Program for my child's participation, and that each player will be responsible for himself, his insurance and his equipment. I acknowledge that I have freely and voluntarily entered into this Agreement and that I have read and understand this agreement in its entirety. I absolve HPR, the park board, and City of Higginsville from liability due to COVID-19 related issues.

I hereby give my consent for the above child to participate in the Higginsville Park and Recreation Future Stars Basketball Program.

Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

**Please return form & check made payable to Higginsville Parks & Recreation on or prior to 11/04/22.  
 DO NOT RETURN FORM TO SCHOOL. THIS IS A PARKS AND REC PROGRAM.**