

# CHAPEL HILL PARKS AND RECREATION DEPARTMENT

## FALL BASKETBALL TEAM REGISTRATION INFORMATION

Ages 16-18 Basketball team registration is taken on a first come, first serve basis. A maximum of 10 teams will be taken in the league. Packets turned in after the leagues have been filled will be placed on a waiting list. Players that are on school teams or listed on a school team roster are not eligible to play. All packets must be returned with the following items in order to complete the registration process.

**Registration Deadline:** Until full (max 10 teams) or October 25.

### TO COMPLETE REGISTRATION, THIS PACKET MUST BE TURNED IN WITH:

- Coaches application completely filled out by the coach.
- Team roster with team name, as well as names, addresses and phone numbers of a minimum 7 players/maximum of 12 players.
- Copies of birth certificates for all players
- Completed registration form for every player on the roster, signed by parent or guardian. Player agreement read and signed by each player.
- Payment of team fee- \$530 per team, and an additional \$5 per non-Orange County resident. Please write one check for the full amount, made payable to The Town of Chapel Hill.
- Packets that do not contain the above items are considered incomplete and will NOT be accepted for registration.

### IMPORTANT

All players will be required to show a photo id before EVERY game.

Any player who does not produce a photo id will NOT be allowed to play. No exceptions!



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## YOUTH BASKETBALL COACHING APPLICATION

Please complete **ALL** information listed below. Incomplete applications or applications that have "refer to last year" will be returned.

<b>HEAD COACH NAME</b>	<b>PHONE (HOME)</b>
<b>LOCAL ADDRESS</b>	<b>PHONE (WORK)</b>

All Head Coaches must be 21 years of age.

<b>ASSISTANT COACH NAME</b>	<b>PHONE (HOME)</b>
<b>LOCAL ADDRESS</b>	<b>PHONE (WORK)</b>

Please circle the age group you would like to coach. Player ages are determined as of August 31, 2016. Please indicate 1st, 2nd, 3rd choice preference.

<b>CO-ED</b>	Ages 7-8			
<b>BOYS</b>	Ages 9-10	Ages 11-12	Ages 13-15	Ages 16-18
<b>GIRLS</b>	Ages 9-12			

### SPORTS EXPERIENCE AND PARTICIPATIONS

### COACHING EXPERIENCE

### RELATED INFORMATION YOU FEEL SHOULD BE CONSIDERED IN EVALUATING THIS APPLICATION

### REFERENCES-PLEASE DO NOT INCLUDE DEPARTMENT STAFF (GIVE NAME, TITLE, ADDRESS, PHONE)

If accepted for this coaching position, I hereby agree to abide by all rules and regulations set forth by the Chapel Hill Parks and Recreation Department and the decisions of the Parks and Recreation Department Staff.

\_\_\_\_\_  
Head Coach Signature      Date

\_\_\_\_\_  
Assistant Coach Signature      Date



# CHAPEL HILL PARKS AND RECREATION DEPARTMENT

## BASKETBALL LEAGUE TEAM ROSTER

**Team Name** \_\_\_\_\_

**SEASON / YEAR** \_\_\_\_\_

**CIRCLE ONE**    Ages (10-12 yrs)    Ages (13-15 yrs)    Ages (16-18 yrs)

Head Coach _____ Address _____ Telephone (Home) _____ (Work) _____ (Email) _____
Assistant Coach _____ Address _____ Telephone (Home) _____ (Work) _____ (Email) _____

PLAYERS NAME	ADDRESS	COUNTY	PHONE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

\*\*Minimum of 7 players are needed to form a team. Maximum of 12 players allowed on a team.

Fee: \$530 per team, additional \$5 for each non-Orange County resident



# CHAPEL HILL PARKS AND RECREATION DEPARTMENT

## ATHLETIC REGISTRATION FORM

HOUSEHOLD INFORMATION			
<input type="radio"/> Chapel Hill resident	<input type="radio"/> Carrboro resident	<input type="radio"/> Orange County resident	<input type="radio"/> Non-Resident
<b>Adult Participant or Parent Information</b>		<b>Secondary Parent</b>	
First Name _____	Last Name _____	First Name _____	Last Name _____
Address _____		Address _____	
Town _____	State _____	Zip _____	
Home Phone: _____	Work Phone: _____	Home Phone: _____	Work Phone: _____
Emergency Phone: _____	Cell Phone: _____	Emergency Phone: _____	Cell Phone: _____
Email address: _____	School your child attends _____		
Emergency Contact (other than parent): Name: _____		Relationship to child: _____	
Home Phone: _____	Work Phone: _____	Cell Phone: _____	

CHPR welcomes individuals with disabilities in our programs. Advance knowledge of you or your family member's needs will help us to provide the best experience possible. Please indicate any disability or medical condition below. We will contact you for more information. Questions? Call Marian Kaslovsky, Therapeutic Recreation Specialist at 968-2787 x 217.

Please describe the participant's needs: \_\_\_\_\_

Please circle the section where you live on the section map (page 40): **1 1A 2 2A 3 3A 4**

REGISTRATION INFORMATION for YOUTH ATHLETICS											
	First Name	Last Name	Birth Date	Grade	Age	Sex	Activity #	Program Name	Dates	Shirt Size	FEE
1											
2											
3											
4											
Payment is required at the time of registration: <input type="radio"/> check # _____ (make check payable to CHPR and mail to CHPR, 200 Plant Rd., Chapel Hill, NC 27514) <input type="radio"/> money order <input type="radio"/> Mastercard/Visa (see below)										<b>TOTAL</b>	

\*Shirt available in youth or adult sizes for ages 5 - 10; ages 11 or older, adult sizes only.

I, the above named, understand that participation in recreation programs can involve vigorous activity. A thorough physical examination is recommended. I hereby assume all risk and hazards incidental to participation in the above mentioned program(s), including transportation to and from all activities and, do so hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Chapel Hill, its officers, agents and employees, the Parks and Recreation Commission, the coaches and co-sponsors from any claims arising out of injury to the above named participant(s). I further certify that I am physically fit to participate in this program or activity and have not been otherwise informed by a physician. In addition, I give my permission to UNC Hospitals and/or other licensed medical facilities to provide treatment as deemed necessary by them.

**PARTICIPANT SIGNATURE OR SIGNATURE OF PARENT/GUARDIAN IF CHILD IS UNDER 18:** \_\_\_\_\_

**Photo Policy:** Chapel Hill Parks and Recreation Department reserves the right to photograph program participants for publicity purposes.  
**Policy of Non-Discrimination:** The Town of Chapel Hill does not discriminate on the basis of disability in admission, access, treatment or employment in its programs or activities.

**CREDIT CARD INFORMATION**  Visa  MasterCard Account #: \_\_\_\_\_

Must be complete for mail-in credit card transactions

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Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

