

Smithville Parks & Recreation Departments

2026 Dribblers Basketball

RATES: \$50/child \$45/sibling thereafter Don't forget...we have a scholarship program available as well.

CHILD'S NAME: _____ CHILD'S DOB: _____ GENDER: M F

PARENT/GUARDIAN NAME(S): _____ EMAIL: _____

PRIMARY PHONE: _____ ADDRESS: _____

EMERGENCY CONTACT: _____ RELATION: _____ EMERGENCY PHONE: _____

PLEASE LIST ANY MEDICAL CONDITIONS / ALLERGIES: _____

Please answer the following questions:

1) GRADE PARTICIPANTS IS IN (PLEASE CIRCLE): PreK Kinder 1st 2nd 3RD 4TH 5TH 6TH

2) Player's Shirt Size (CIRCLE ONE): YS YM YL AS AM AL AXL

3) TRANSPORTATION REQUEST:

Transportation requests will ONLY be granted for siblings in the same age division. There will be NO other special requests granted. Please list the sibling's full name: _____

4) Would you like to coach your child's team? Yes No Possibly

RELEASE STATEMENT:

By registering in and paying for the listed program(s) I, the parent/guardian of the participant, a minor, hereby give my approval to his/her participation in Smithville Dribblers. I also agree the participant and I will abide by the rules of the organization. Recognizing the possibility of physical injury associated with basketball and in consideration of the league accepting the participant for its basketball program and activities, I hereby release, discharge, and/or otherwise indemnify the Smithville Indoor Recreation Center and Smithville Parks and Recreation Department, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the courts and facilities utilized for the program, against any claim by or on behalf of the participant as a result of the registrant's participation in the program. In case of my absence, I give permission for treatment of illness and/or injury that may be sustained while participating in said league. I also give permission for any photographs taken during these activities to be utilized for promotional uses by the City of Smithville Parks and Recreation Department now and in the future. I authorize that all the information on this form is accurate.

For office use only: Paid Cash _____ Check # _____ CC _____

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IMPORTANT INFORMATION

We maintain a strict NO REFUND policy; however, the Director will have final say on any refund requests. Should a refund be granted, a \$10 administration fee will be deducted from the registration price. If registration was made during the Late Registration period, the \$10 late fee will not be included in the refund.

Parents will be ultimately responsible to get program information. The Recreation Center will use email addresses to contact parents while volunteers are suggested to use phone numbers. Please make sure all contact information on your profile is correct. If you do not receive any contact from the Rec. Center staff OR volunteers, please contact the Rec. Center for program information.