### 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.

#### **MPORTANT**

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!



## YOUTH BASKETBALL COACHING APPLICATION

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

HEAD COACH NAME			PHONE (HOME)			
LOCAL ADDRESS	04 5	PHOI	NE (WORK)			
All Head Coaches must be	21 years of age.					
ASSISTANT COACH N	IAME	PHO	NE (HOME)			
LOCAL ADDRESS			NE (WORK)			
Please circle the age grou	p you would like to d	coach. Player ages are dete	mined as of August 31, 20	016. Please indicate	1st, 2nd, 3rd	
choice preference.	•		•			
CO-ED	Ages 7-8					
BOYS	Ages 9-10	Ages 11-12	Ages 13-15	Ages 16-18		
GIRLS	Ages 9-12					
COACHING EXPERIEN	CE					
RELATED INFORMATION	ON YOU FEEL SH	OULD BE CONSIDERED	IN EVALUATING THIS	APPLICATION		
REFERENCES-PLEASE	E DO NOT INCLUE	DE DEPARTMENT STAFF	GIVE NAME, TITLE, A	ADDRESS, PHONI	≣)	
	•	gree to abide by all rules and Recreation Department Sta	-	Chapel Hill Parks ar	nd Recreation	
Head Coach Signature	 Date	_	Assistant Coach Signa	ature Date		



# **Town of Chapel Hill Consumer Reports Release**



POSITION TITLE:	
DEPARTMENT:	
SUPERVISOR:	
HR PARTNER:	

ILLEGIBLE FORMS MAY EFFECT YOUR TURNAROUND TIME. PLEASE MAKE SURE ALL INFORMATION IS COMPLETELY FILLED

irst name:			
⁄Iiddle name:			
ast name:			
uffix:			
/laiden name:			
ocial security number:	date	of birth:/	
Gender (circle one): male/female			
Current address:			
City:	state:	zip:	how long?
revious address:			
City:	state:	zip:	how long?
oriver's license #	state issued	d:expira	ation date:
andidate's email address:			
uties and responsibilities of the position for which yo	u are applying.		
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### **BASKETBALL LEAGUE TEAM ROSTER**

## Team Name SEASON / YEAR

CIRCLE ONE Ages (10-1	2 yrs) Ages (13-15 y	yrs) Ages (16	-18 yrs)					
Head Coach								
Address								
Telephone (Home)	(Work)		(Email)					
Assistant Coach								
Address	<del></del>	······································						
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



## ATHLETIC REGISTRATION FORM

	OUSEHOLD INFORM Chapel Hill resident	NATION O Carrboro resident	O Orang	e County	resident	t (	O Non-Reside	nt			
Ac	lult Participant or Parent	Information					Secondary	Parent			
_											
Fir	st Name	Last Name					First Name		Last Name		
Address					_	Address					
'	wn		State	Zip		_	Town				ip
ı		Work Phone: _						e:			
l		Cell Pho							Cell Phone:		
ı											
									H el		
Ho	ome Phone:		Work P	hone:					ell 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											
RE	GISTRATION INFORM	NATION for YOUTH ATHLE	TICS								
	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: O check # (n	nake check paya	ble to CHP	R and mail t	o CHPR,	200 Plant Rd., Cha	pel Hill, NC 27514) O mono	ey order O Mastercard/Visa (see below	TOTAL	
l, the a progra coach give m PAR Photo Policy	above named, understand that parm(s), including transportation to es and co-sponsors from any clair by permission to UNC Hospitals a TICIPANT SIGNATURI Policy: Chapel Hill Parks and Re	and from all activities and, do so hereby  ms arising out of injury to the above nan  ind/or other licensed medical facilities to  E OR SIGNATURE OF PARI  creation Department reserves the right  own of Chapel Hill does not discriminate  in O Visa O Mas	nvolve vigorous v waive, release, ned participant(s o provide treatm ENT/GUARI to photograph p	absolve, independent as deen part as deen part disability in disability in absolute	demnify and certify that I ned necessar CHILD ticipants for a admission,	I agree to I am physi ry by then IS UNI publicity paccess, tre	hold harmless the cally fit to participan.  DER 18: purposes. eatment or employ	Fown of Chapel Hill, its officente in this program or activity at the introduction of the control of the contro	sk and hazards incidental to participation s, agents and employees, the Parks and Re nd have not been otherwise informed by	ecreation Commiss a physician. In ad	ion, the
Nam	e on card:				Sigr	nature:			Expiration	Date:	

