



Watauga County Parks and Recreation's



FOR OFFICE USE ONLY	
Date:	_____
Fee:	_____
Staff:	_____
Receipt #:	_____
Payment Method:	_____
Cash / Check / Credit-Debit	

Mail or bring to:
 Watauga County Parks & Recreation
 231 Complex Drive
 Boone, NC 28607
 (828) 264-9511

Youth Basketball

REGISTRATION FEE: \$40
 Register online at <https://rec.watgov.org>

Watauga County Residents Only
REGISTRATION DEADLINE:
February 1, 2021

Child's Name: _____ Home Phone: _____
 Child's Mailing Address: _____ Zip Code: _____
 Date of Birth: ___/___/___ Age (as of 8/31/20): _____ 2020/2021 School Grade: _____ Gender: _____
 School Child Attends: _____ Residing School District: _____
 Custodial Parent (if child does not live with both parents): _____ Shirt Size: YS YM YL AS AM AL XL

 Father's Name: _____ Email Address: _____
 Phone #s: (H) _____ (W) _____ (C) _____ DOB: ___/___/___
 Mother's Name: _____ Email Address: _____
 Phone #s: (H) _____ (W) _____ (C) _____ DOB: ___/___/___

Would you like to donate \$1 (or more) to the Watauga County Parks & Recreation Scholarship Fund? This fund helps others in our community by allowing the recreation department to offer a reduction in fees or scholarships for many of our programs. For more information on the scholarship fund, please call 828.264.9511. YES: Amount _____ NO: _____

Placement Information: No team or coach requests accepted. Placement of child on school or area teams is not guaranteed. Placement on last year's team is not guaranteed.

League: _____ 1st/2nd Grade _____ Male
 _____ 3rd/4th Grade _____
 _____ 5th/6th Grade _____ Female
 _____ 7th/8th Grade _____

**Leagues may be combined or restructured based on the number of registrations. Teams may be co-ed if registration in either gender is insufficient.*

Statistical Information: Do you live within the Boone city limits? YES _____ NO _____
Coaches Needed: Are you interested in serving as a volunteer coach? YES _____ NO _____
Sponsorships: Interested in sponsoring a team (\$250) or league (\$1000)? YES _____ NO _____

I, _____, as parent/legal guardian of participant, _____, hereby give my consent for participation in the Watauga County Parks & Recreation Basketball Program. I assume all risks and hazards incidental to such participation, including transportation to and from the program, and do hereby waive, release, absolve, indemnify and agree to hold harmless Watauga County, its staff, its volunteers and any sponsoring agency for any claim arising out of any loss or injury that the participant might sustain while engaged in this program. I understand that Watauga County Parks & Recreation does not provide insurance and is not responsible for the medical condition of the participant. I agree to the release of photographs of the participant for the promotion of WCP&R. I agree to return or pay for all equipment issued to the participant. I also agree to abide by the NO REFUND, NO SPECIAL CREDIT and resident/non-resident participation policies. I am responsible for the listing of any medical conditions, any limitations or special needs of the participant in the space provided below. I understand the information must be updated when medical conditions change.

 Signature of Parent _____ Date _____

Emergency Information: Alternative Contact: _____ Phone: _____

List any medical conditions, limitations, or allergies: _____



Youth Basketball Information Sheet



- Equipment:** Each player will receive a basketball jersey
- Supplies Needed:** Cloth face cover, Athletic shoes, mouthpiece (optional), shorts
- Games:** Teams may play weeknights with game sets beginning as early as 5:30 PM and on Saturday mornings with game sets beginning at 9:00 AM. The season will be conducted early February through mid-March.
- Registration Deadline:** Registration deadline is 5:00 PM on February 1, 2021.
- Late Registration:** Late registrations will only be accepted, with a \$10 late fee in addition to the normal registration cost, where space permits. **Late registrants are not guaranteed to be placed with their school or area team.**
- Cost:** \$40.00 per player
- Teams:** Teams will be set up geographically, considering the school attending. Players are not guaranteed to play with the same players or coaches as last year. Players will be divided to make all teams as equal as possible in terms of grade levels. Some teams may have to be combination teams (from differing schools), but we will attempt to place players close to their schools.
- Eligibility:** Participants must be residents of Watauga County. All players must be in 1st – 8th grades at a Watauga County School or residents of Watauga County in the respective grades and age within the parameter of the respective grade.
- Practices:** Practices will be held weekday evenings at school gyms and Old Cove Creek Gym, some Saturdays, and whenever school gym space is available.
- Important:** Players will be contacted by a coach by February 6.

COVID 19 PROTOCOL: All players, coaches, staff, and spectators will be **required to wear cloth face covers that cover the nose and mouth for the duration of the game, even while playing.** Face shields are not acceptable face covers. Spectators will be limited to 1 adult spectator per player for games and practices. Siblings and other children not on the team roster will not be allowed to attend games or practices. Temperatures will be checked for all participants, coaches, spectators, and staff before entering the facility for games and practices. This protocol is per the NC Governor's Order 181 and CDC Guidelines and is subject to change. Protocol will be strictly enforced. Refunds and credits will not be given should a participant miss game(s) due to quarantine or choose not to participate due to Covid-19 or protocol.

STATE OF NORTH CAROLINA COUNTY OF WATAUGA WAIVER OF LIABILITY: CORONAVIRUS/COVID-19

WARNING: The novel corona virus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death. While Watauga County has taken all reasonable precautions to provide a safe environment, Watauga County cannot prevent you (or your child) from becoming exposed to, contracting, or spreading COVID-19 while participating in activities sponsored by Watauga County. It is not possible to prevent against the presence of the disease. Therefore, if you choose to engage in the activities covered by this Waiver, you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK & REPRESENTATION: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to enter on, participate, spectate or, in any way, be part of any activity, program and/or business located on Watauga County property, and further agree to refrain from engaging in any such activity (or keep my child) from doing so if I (or my child), as the case may be) are experiencing symptoms of COVID-19 including, but not limited to running a high temperature. These activities are of such value to me (and/or to my children,) that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to participate in person (if applicable: "rather than arranging for an alternative method of enjoying the same services virtually).

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Watauga County and its officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to my participation in the above identified activities. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen. I understand and agree that the law of the State of North Carolina will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____ Date: _____

Print Name: Minor's Name: _____ check here if signing as parent or legal guardian