

# Lakes Area Recreation Association Basketball Registration Form



## 1. Athlete Information *please print clearly*

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female E-Mail Address: \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Township \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Special Needs: \_\_\_\_\_

## 2. Program Selection(s)

\_\_\_\_ K-2 Saturday Basketball Clinics only (\$30) \_\_\_\_ 3-6 Saturday Basketball Clinics only (\$35)  
\_\_\_\_ Add Forest Lake League Option - 3rd and 4th grade ONLY- Deadline for this option is Nov. 3 (\$65 extra)

3. **Uniform Size:** (circle one) Youth Sm. Youth Med. Youth Lg. Adult Sm. Adult Med. Adult Lg.

4. **Medical Information:** \_\_\_\_ Fairview Lakes 651-982-7000 \_\_\_\_ St. Croix 715-483-0241

Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## 5. Volunteers *please help out in some way, this program is not possible without volunteers*

\_\_\_\_ Coach \_\_\_\_ Assistant Coach \_\_\_\_ Team Manager \_\_\_\_ Provide Transportation \_\_\_\_ Other

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## 6. Permission and Fees

I give my permission for the above named athlete to participate in the LARA program, and I agree to abide by the Mandatory Seat Belt Law when transporting athletes. I agree that all activities undertaken, by my child or myself, as part of this program are taken at our own risk. I am aware that injuries may occur in basketball, and I accept full responsibility for any injury received while participating in the program. I hereby release the recreation association, its directors, coaches, umpires, or other sponsors (including Chisago Lakes Area Schools and Forest Lake Area Schools and their personnel) from liability in the event of an injury to the above named athlete. I further authorize any immediate first aid treatment, until such time as the listed guardians or physicians can be contacted. I authorize release of permission of photo and video taping of my child for public or private use. *This is not a Chisago Lakes School District #2144 sponsored event/activity. All costs for this promotion have been paid for by the sponsoring organization.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICE USE ONLY

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration Fee: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Rec'd by: \_\_\_\_\_

**Mail Form & Fee to: LARA Registrations, P.O. Box 190, Lindstrom, MN 55045**