**ROGERSVILLE COMMUNITY PARK 2025 ADUL****T BASKETBALL PLAYER REGISTRATION**

PLAYER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLAYER REGISTRATION FEE: $40 NON-REFUNDABLE**

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_ CIRCLE ONE: MALE FEMALE

**T-SHIRT SIZE (CIRLCE ONE):**  Y/LG A/SM A/MD A/LG A/XLG A/2XLG A/3XLG A/4XLG

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RESIDE IN ROGERSVILLE CITY LIMITS? YES NO

PRIMARY PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUESTED TEAM (NOT GUARANTEED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SPECIAL REQUESTS (NOT GUARANTEED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DONATE $1 TO THE SCHOLARSHIP FUND? YES NO

**REGISTRATION BEGINS AUGUST 5TH AND ENDS OCTOBER 13TH .**

OUR FIVE WEEK BASKETBALL PROGRAM WILL BEGIN TUESDAY OCTOBER 28TH AND GO UNTIL DECEMBER 2ND. GAMES WILL BE AT THE LOGAN ROGERSVILLE UPPER ELEMENETARY.

**ADJUSTMENTS TO THE GAME SCHEDULE MAY BE MADE DUE TO WEATHER AND MAY CHANGE DUE TO THIS BEING A BRAND-NEW PROGRAM. CHANGES MADE WILL BE RELAYED TO THOSE SIGNED UP AS SOON AS POSSIBLE.**

ALL PLAYERS NEED TO COMPLETE THE REGISTRATION FORM AND LIABILITY WAIVER AND SUBMIT THE $40.00 REGISTRATION FEE TO ROGERSVILLE CITY HALL LOCATED AT 211 E. CENTER ST, ROGERSVILLE, MO 65742. PLEASE MAIL FORMS TO P.O. BOX 19, ROGERSVILLE, MO 65742. MAKE ALL PAYMENTS TO THE CITY OF ROGERSVILLE. REGISTER ONLINE AT <https://www.teamsideline.com/sites/rogersvillemo/home>



ROGERSVILLE PARKS AND RECREATION

LIABILITY WAIVER

In consideration of your acceptance of this entry, I, as the listed Participant or for my child if listed as the Participant, intending to be legally bound hereby for myself, my heirs and assignees, waive any/all claims for any damages which I and/or my Participant child may have against the City of Rogersville and/or any other sponsors and/or their employees and/or agents for any injuries suffered by me or my Participant child in this event, including those which may be attributed to weather conditions. I attest that I and/or my Participant child are physically fit and have sufficiently trained for the completion of this event. I agree to receive e-mail communications from the City of Rogersville. I give permission for me and/or my Participant child to be photographed or videoed while participating in City of Rogersville activities and for those photos and videos to be used for promotional purposes. I have read the entry information provided and certify me and my Participant child’s compliance by my signature below. If there is an emergency on the racecourse, please call 911.

PARTICIPANT SIGNATURE (IF OVER 18):

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF PARTICIPANT UNDER 18, PARENT OR GUARDIAN SIGNATURE:

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR ANY QUESTIONS OR CONCERNS, PLEASE CONTACT THE PARK DIRECTOR AT 417-988-0810 OR [KROBERTSON@ROGERSVILLEMO.ORG](mailto:KROBERTSON@ROGERSVILLEMO.ORG)