

# Southport Recreation Association (SRA)

PO Box 125, Pine City, NY 14871

Phone: 732-0059 or 731-6877 Website: Southportrec.org

A sports organization which is "all about the kids."



## 2009 Basketball Program - Sign Up Form

Issue Date: 9/15/09

First Name: \_\_\_\_\_

League Requested: \_\_\_\_\_

Last Name: \_\_\_\_\_

Previous SRA Player or New Player: (Circle) \_\_\_\_\_

Street Address: \_\_\_\_\_

If Previous SRA Player, Team Name: \_\_\_\_\_

City: \_\_\_\_\_

Number of Years Playing Basketball: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

### Leagues

### Grades

Pee Wee

1,2

Minors

3,4,5

Majors

6,7,8

Birthdate: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

Height: \_\_\_\_\_

School \_\_\_\_\_

Shirt Size      YM    YL    AS    AM    AL    XL

Phone Number    (    )    \_\_\_\_\_

Parent Name    \_\_\_\_\_

Alternate Phone Number    (    )    \_\_\_\_\_

Contact Name    \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Player and/or Coach Request: \_\_\_\_\_

### SRA Staff Use Only

Previous Team/New Player Complete?    Yes    No

Player/Coach Request:    Yes    No

Payment Method:    Cash    or    Check#

I the undersigned, Parent / Guardian of minor do for ourselves, executors, administrators, heirs, agree to hold harmless and agree to indemnify the Southport Recreation Association and its officers, officials, coaches, referees and umpires, owners of the facilities utilized, or any sponsor, for any claims that might be asserted by us or our child as a participant in baseball, softball or basketball. Also by signing I will adhere to the PARENTS CODE OF ETHICS which will be distributed at a later date. I will also inform those of my friends or family the PARENTS CODE OF ETHICS and what is to be expected of them.

Parent or Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_

**DEDICATED COACHES and BOARD MEMBERS ARE NEEDED!** Please help make our program Great For Our Kids. If you are interested in coaching for SRA, please let us know and check the box to the right. We are looking for dedicated coaches to volunteer 2-3 hours per week. The season starts in the beginning of December and concludes in early March. If you are interested in being a Board Member, please call 607-731-6877.

\*\*The SAFETY of our children is very important to us, Coaches are required to sign a background check authorization form.

\*\*\*SRA assumes no responsibility for lost, stolen, or damaged personal items or equipment.

Please fill out, sign, and date this application and also the Parental Waiver and Consent Form and submit with your check for \$40.00. (Fees Include \$10 Mandatory Raffle Ticket Fund Raiser). Forms can also be downloaded from our Website at Southportrec.org. If applying by mail, please mail the signed form and your check made out to Southport Recreation Association to the address above. Please be advised that all returned checks and/or those who have not paid will not receive a team slot until payment is finalized.

*Thank You for your support of Southport Recreation Association...a sports organization which is "all about the kids..."*