_____ HT

☐ BC
☐ PD
☐ FT

LEE COUNTY PARKS & RECREATION
BASKETBALL 2027

JERSEY _____

SHORTS _____

PLAYER PROFILE

PLEASE READ: Registration will not be considered complete & uniform will not be ordered until payment & birth certificate have been provided.

NAME: _____

DATE OF BIRTH: _____ AGE: (As of **September 1, 2026**): _____

MOTHER'S NAME: _____ CONTACT #: _____

FATHER'S NAME: _____ CONTACT #: _____

EMAIL ADDRESS: _____ COUNTY**: _____
(**If other than **LEE**, please read **NOTICE** in bold below)

PHYSICAL ADDRESS: _____

NAME OF SCHOOL STUDENT ATTENDS: _____

OF YEARS PLAYED: _____ INTERESTED IN COACHING? YES _____ NO _____ HEAD OR ASSIST? _____

Please bring your child to the LCRD OFFICE during in-office registration dates/hours (10.26.26 thru 10.29.26 and 11.2.26 thru 11.5.26 from 4:00pm – 5:30pm) to be fitted for their uniforms in order to complete registration.

(Please read NOTICE if you do not reside in Lee County)

****N O T I C E****

****MUST RESIDE/LIVE IN LEE COUNTY (WITH PARENT OR LEGAL GUARDIAN) OR ATTEND A LEE COUNTY SCHOOL FULL-TIME TO BE ELIGIBLE FOR ALLSTARS****

(EXCEPTIONS MAY APPLY ~ PLEASE SEE LCRD STAFF MEMBER FOR DETAILS)

D I S C L A I M E R

I/We the parents of the above named boy or girl, hereby give my/our approval for his/her participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I/We do further hereby release, absolve, indemnify and hold harmless the Lee County Parks & Recreation Department, the organizers of my/our son or daughter's activity. I/We further agree to hold harmless and release Lee County Board of Commissioners, its employees, staff members, agents, contractors and anyone associated with any activities sponsored by my function from any and all liability arising from such activities. I/We further agree to hold harmless and indemnify Lee County Parks and Recreation from any and all demands, claims and suits arising from such activities, including all judgments, costs and expenses, including attorney fees. I/We hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son or daughter to or from the activity. I/We hereby accept responsibility for any equipment issued to my son or daughter as to damage. Parents shall be responsible for the cost of the equipment not returned to the Recreation Department.

I/We, the parents of the above named child, hereby give my/our permission to the person in charge of the activity to take my/our son or daughter to the doctor or hospital in case of injury.

SIGNATURE: _____ **DATE:** _____

_____ ***I have received information on the risk of concussions associated with participation in youth athletics and the Code of Conduct for Parents/Guardians.***
(PLEASE INITIAL)

**********OFFICE USE ONLY**********

BC ON FILE/PROVIDED **DATE PD:** _____ **AMT:** _____ **CK#** _____ **CASH/MC/VISA/DISC**