

**BASKETBALL REGISTRATION**  
**GIRLS & BOYS AGES 6-17**  
Website: <http://www.dyersburgtn.gov>

**DYERSBURG ACTIVITY CENTER**  
1010 Recreation Drive  
Dyersburg, TN 38024  
(731) 288-7623 Fax (731) 286-4894  
Email: [rlroberts@dyersburgtn.gov](mailto:rlroberts@dyersburgtn.gov)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ 2ND PHONE \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

HAVE YOU EVER PLAYED ANYWHERE \_\_\_\_\_ SEASONS PLAYED \_\_\_\_\_ NAME OF TEAM ON LAST YEAR? \_\_\_\_\_  
Are you trying out for a school team? \_\_\_\_\_ Which school? \_\_\_\_\_

Do you have another child registered in this program? \_\_\_\_\_ age \_\_\_\_\_ name \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**SHIRT SIZE** YOUTH EX SM SM MED LG **OR** **SHIRT ADULT** SM MED LG EXLG

**SHORTS SIZE** YOUTH EX SM SM MED LG **OR** **SHORTS ADULT** SM MED LG EXLG

**PARENT/GUARDIAN INFORMATION**

MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ Email: \_\_\_\_\_

EMPLOYER (MOTHER) \_\_\_\_\_ EMPLOYER (FATHER) \_\_\_\_\_

WOULD YOU LIKE TO COACH? \_\_\_\_\_ ASSIST. COACH? \_\_\_\_\_ OR BE A TEAM PARENT? \_\_\_\_\_

**\*\*\*All volunteer coaches and assistants will be cleared through a criminal background check before being allowed to coach or assist.**

I the undersigned parent/guardian of: \_\_\_\_\_, do hereby consent and agree that the above named minor may participate in the Dyersburg Activity Center Basketball Association. It is agreed that the named association or sponsor assumes no legal liability or other loss as a result of such participation. It is further understood that the Dyersburg Activity Center Basketball Association has limited accident insurance to cover any injuries sustained while playing Basketball at or for the Dyersburg Activity Center Basketball Association under the supervision of a Dyersburg Activity Center Basketball Association staff member.

DATE \_\_\_\_\_ PARENT LEGAL GUARDIAN SIGNATURE \_\_\_\_\_

REGISTRATION FEE: \$15.00 ID FEE: \$10.00 AMOUNT PAID \_\_\_\_\_

CASH ( ) CHECK ( ) CK. # \_\_\_\_\_ **\*\*REGISTRATION & ID FEES ARE NON-REFUNDABLE!!**

DATE PAID \_\_\_\_\_ EMPLOYEE \_\_\_\_\_ MEMBERSHIP ID# \_\_\_\_\_ DATE ID EXPIRES: \_\_\_\_\_