

**REGISTRATION FORM ON BACK**

# **WEST SIDE YOUTH BASKETBALL LEAGUE**



**\$25 PER PLAYER (INCLUDES JERSEY)**

**AGE AS OF 9/1/2023**

**CO-ED DIVISIONS-AGES 4, 5&6, 7&8**

**BOYS & GIRLS DIVISIONS: AGES 9&10, 11&12, 13&14**

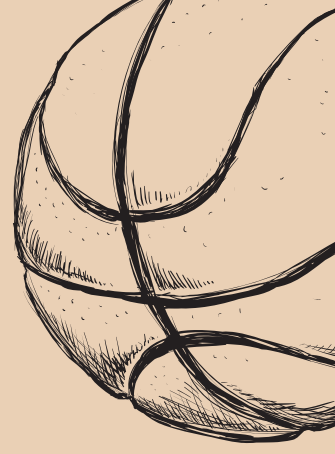
**GAMES BEGIN 02.03.2024**

**LOCATIONS- CRAWFORD COMMUNITY CENTER  
GYM OR WEST LOWNDES MIDDLE SCHOOL GYM**

**Contact: [tvelek@lowndescountyms.com](mailto:tvelek@lowndescountyms.com) 662-328-0885  
Follow Us On Facebook: Lowndes Recreation Department**

**\*OPEN TO ALL PLAYERS REGARDLESS OF GEOGRAPHIC ADDRESS OR EXPERIENCE**

**\*REGISTRATION  
CLOSES  
01/06/2024\***



**Player Information**

Player's Name \_\_\_\_\_ Player's Gender Male Female  
Player's Birthday \_\_\_\_\_ Player's Age on September 1st, 2023 \_\_\_\_\_  
Player's Shirt/Jersey Size \_\_\_\_\_  
Has the player played organized basketball before YES NO If yes, how many years \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Phone Number \_\_\_\_\_  
Parent/Guardian E-Mail Address \_\_\_\_\_  
Parent/Guardian Mailing Address (Optional) \_\_\_\_\_

**Emergency Contact Information** (In case parent/guardian can not be contacted)

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**Payment:** \$25

We accept Checks, Cash, or Money Orders.

**Registration Form/Payment Drop Off Location:**

\*Lowndes Recreation Department, 17 Airline Rd

**Contact Information:**

- Deloris Stewart- Noxubee County (662) 570- 8668
- Deane Parsons- Crawford/WL School (662) 549-2713
- Taronda Robinson-Crawford/WL School (662) 889-2693
- Jimmy Sanders- Artesia (662) 435-2414
- Shalonda Rogars- Artesia/WL (662) 769-5156
- Louis Fulton- Oktibbeha County (662) 769-6533
- Renitia Randle- East Oktibbeha County (662) 769-1574



**Lowndes Recreation Department (LRD) Recreational Basketball Waiver**

I, the parent or guardian of the above-named player hereby give my approval for participation in LRD Recreational Basketball. I assume all risks and hazards to such participation. I do hereby waive, release, absolve, indemnify, and agree to hold harmless LRD & Lowndes County and its staff, sponsors, supervisors, other participants, and organizers, for any claim arising out of an injury to my participant in recreational soccer. Insurance coverage is the sole responsibility of participant parent or guardian. My participant has my permission to receive emergency medical treatment. My participant also has my permission to be photographed or filmed during LRD activities for promotional purposes for the organization.

Name Printed \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_