

YOUTH BASKETBALL

REGISTRATION:

The 2009 / 2010 season is ready to tip off with registration beginning **September 26th** for **Apex Residents** and **October 10th** for **Non-Residents**. Registration will be held at the Apex Community Center, 53 Hunter Street. On the first day of resident/non-resident registration, see Lottery System information below.

Please note that the age cut date has changed, League age will be based on a player's age as of: **MARCH 31, 2010.*

League / Ages :

<u>Boys</u>	<u>Girls</u>
Pee Wee (7&8)	Instructional (7&8)
Mite (9&10)	Mite (9&10)
Midget (11&12)	Midget (11&12)
Jr. Boys (13-15)	Jr. Girls (13-15)



For Department Use Only

Team _____
 Birth Certificate _____ Age _____ as of 3/31/10
 Registration Fee: \$61 R \$71 NR
 Paid ____/____ R# _____ CLASS _____

BOYS	GIRLS
5735 PeeWee (7-8)	5740 Instruct (7-8)
5736 Mite (9-10)	5741 Mite (9-10)
5738 Midget (11-12)	5742 Midget (11-12)
5739 Junior (13-15)	5743 Junior (13-15)

Waiting List # _____ R / NR CLASS _____

FEES:

\$61 - Apex Residents
 \$71 - Non-Residents

NOTE: Fees include a \$28 wake County School use fee. Fees cover your team jersey

LOTTERY SYSTEM:

To avoid long lines and discourage overnight assembly, the first day of registration for both residents and non residents of Apex will be administered by a lottery system. **Promptly at 8:45 am**, those in line will be given the opportunity to randomly draw a number. Patrons will line-up according to their number. Everyone arriving **after 8:45 am** will go to the back of the line. Registration will begin promptly at 9:00am based on this system.

In addition: **One person may only register for one family at a time.** Participating in Youth Basketball last year **DOES NOT** guarantee a place in this year's program. **We cannot honor requests for team placement, except for siblings within the same league.*

Home Phone _____ Participant's Name _____
 Date of Birth _____ Male _____ Female _____
 Mother's Name _____ Work Phone _____
 Father's Name _____ Work Phone _____
 Special Concerns (Medical, Etc.) _____
 Address _____ Town _____ Zip _____
 Email Address _____

Playing Age (on March 31, 2010) 7 8 9 10 11 12 13 14 15

Even number ages only: I played with APRCR last year and: Wish to stay on same team _____ Team Name _____
 Wish to be placed on different team and attend tryouts _____

Statement of Waiver

I, for myself or as parent or guardian, hereby assume all the risks and hazards incidental to the conduct of the activities. I release, absolve, and indemnify the Town of Apex, employees of the Town, volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. I understand that no insurance coverage is provided by the Town of Apex Parks, Recreation and Cultural Resources Department. I further give permission for proper emergency care to be rendered to myself or child should I not be available or able to give such permission.

As part of this approval, I acknowledge I may have the opportunity to review the premises, equipment and personnel qualifications to be used in conducting the activity. I also have the opportunity to discuss with program organizers potential hazards and risks that may be associated with the activity and take responsibility for doing so. Failure to exercise this option indicates my approval and acceptance. I understand the Town of Apex does not provide transportation to or from activities scheduled by the Apex Parks, Recreation and Cultural Resources Department. I grant my permission to allow my and / or my child's photo, as part of a group photo and without individual identifying information, to be used by the Apex Parks and Recreation Department for promoting programs operated or sponsored by the department.

Parent/Guardian _____ Date _____