

Louisa County Department of Parks and Recreation

Girls' Basketball League

For Ages 12-14

Games begin on March 20

Fee: \$30

Registration Deadline: Feb. 12

Must turn 12 and not 15 on or before March 1, 2010.

Practices begin the week of March 8 at various schools.

Games will be on Saturday mornings beginning at 9 a.m.

at Louisa County Middle School or at the Betty Queen Center.

Player Evaluations and Draft will be held on Thursday March 4 6:30-8:30pm

at the Betty Queen Center

***No late registrations will be accepted. NO EXCEPTIONS**

***If registering two or more siblings from the same family, there is a \$5 discount.**

Volunteer Coaches Needed

Visit us on line at www.LCPR.info

For more information call LCPR @ 540-967-4420



PARTICIPANT REGISTRATION FORM

LOUISA COUNTY PARKS & RECREATION
P.O. Box 864\Louisa, VA 23093 (540) 967-4420



E-MAIL ADDRESS _____

Home Phone _____

MAILING ADDRESS _____

Work Phone _____

CITY _____ ZIP _____

School Attends _____

Participant Name		Birthdate	Age	Grade	T-Shirt Size	Program Name/Practice Location	Start Date	Fee
First	Last							
					YM YL AS AM AI AXL	Basketball For Girls Ages 12-14	Mar. 20	\$30

The Louisa County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Louisa County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

Signature Parent/Guardian/Participant _____

Print Name - Parent/Guardian/Participant _____

Date _____