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**High Desert Boys Basketball League 2025 Grades 2-5th**

Boys Basketball League Applications are now being accepted at the High Desert Park and Rec. office. SIGN UP ON OUR WEBSITE: Highdesertparkandrec.com

Forms may also be mailed to the Park & Rec., P.O. Box 238, Burns, OR 97720. **Player fees are $35.00 each if turned in before the deadline, $40 after deadline. Registration will be accepted on January 15th.**

Leagues will be split this year according to the following: Grades 2-5th Grades. Practice will begin the week of January 20th, 2025 and end February 28th,2025. Teams will practice twice a week in the evenings after school. Please remember to mark your t-shirt sizes!

**Volunteers are needed to coach and ref to make a successful basketball season.** If you have an interest in volunteering please call the Park & Rec. office, 573-2413. **Deadline to sign up will be 1-4-23.**

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**Check all that apply that interest you as a parent!** Scorekeeper Head/Asst. Coach

Referee Linesman Other

**FEE:** **$35.00**

Last Name First Name Date of Birth Grade

Boy Girl Email Address:

Address (street) (mailing)

City State Zip Home Phone

Person/Address/Phone to notify in an event of an emergency

Another Person/Address/Phone to notify in an event of an emergency

Doctor/Phone to notify in event of an emergency

Youth Size Team Shirts:

XS Small  Small Medium Large XL Large

**Share Picture consent for our Social Media Platforms**

**[] Yes []No**

**IMPORTANT!!!**

I agree that I, the registrant, will abide by the rules of High Desert Park & Recreation, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with playing a sport, I hereby release, discharge and/or otherwise indemnify the High Desert Park & Recreation, its affiliated organizations and sponsors, their employees, coaches, and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Name (please print) Signature Date

(Parent if registrant is under 18)

**CONSENT FOR MEDICAL TREATMENT:**

I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the registrant.

Signature Date

(Parent if registrant is under 18)