



City of Cherryville
Larry and Carolyn Summer
Community Recreation Center
201 Academy Street, Cherryville NC 28021 Youth Basketball
Form 2025



Practice begins November 17, 2025 Time TBD

Cost is \$50 per player

Last Day To Register November 10, 2025

**Checks and Cash can be taken to Cherryville City Hall, 116S. Mountain Street, Cherryville NC
28021 Mon - Fri 8 am - 5 pm. Make checks payable to: The City Of Cherryville**

Player's First Name _____

Player's Last Name _____

Male Female

Address:

City:

Zip/Postal Code:

Email:

Phone:

Birthday:

Current Grade:

Jersey Size

Parent/Guardian

Parent/Guardian First Name:

Parent/Guardian Last Name

Phone Number:

Email

Authorization And Release Liability

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT. :NOT THIS FORM INCLUDES A RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the Cherryville Youth Basketball of the above-named City . My child will participate in the Youth Basketball sport denoted on this application. I understand that this Program is a sports program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency . I understand that the Program is conducted by the City of Cherryville and its staff and volunteer staff, including parents of other participating children. I also understand that the City of Cherryville is solely responsible for all aspects of the Program including selection and supervision of all persons conducting the Program, and that City of Cherryville's Sports is not responsible for the Program or selecting and supervising persons conducting the Program. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity , dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify , and covenant not to sue, the City of Cherryville , and all of the City of Cherryville's employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program

(including without limitation any other participating, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family , heirs, next of kin, legal representatives, beneficiaries, successors and assigns I hereby authorize the City of Cherryville to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display , my child's image, and photograph, as well as any video, digital, or audio recording or reproduction, in connection with external and internal communications of the Cherryville Youth Basketball Sports for the sole purpose of advancing Sports programs.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above - named child, am not present to make medical decisions, I hereby authorize the city , its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery , and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign

Medical Conditions

I understand that participation in the Program may involve strenuous and prolonged physical activity . I agree that my child is healthy and able to participate in the Program activities. I understand that the City of Cherryville or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the City of Cherryville determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, the City of Cherryville may determine that my child cannot be permitted to participate. I understand and agree that, while the City of Cherryville desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

Signature

Date