



City of Iola Recreation Department - Youth Basketball League Registration Form

Recreational Basketball is open to all boys and girls in Kindergarten through 6th grades. The Iola High School Mustangs and Fillies will be helping with instruction and officiating. Kindergarten-1st grade will meet at Jefferson Elementary School and 2nd-6th grade will meet at the Recreation Building Gym on Saturdays beginning January 16, 2021.

Registration Fee, December 17-January 15, \$25.00 each player or \$60.00 per family of 3 or more players. No registrations will be accepted after January 15. **QUESTIONS: PLEASE CALL 620-365-4990.**

Complete one registration form per player and return to the Recreation Office, located at 500 Park Ave., Riverside park, along with the appropriate registration fees for players to be eligible to participate. **Please make checks payable to the City of Iola.** Return completed registrations to the Recreation Office during normal business hours, place forms in the drop box located on the southeast side of the Recreation Building, mail to P.O. Box 308, Iola, or register online by visiting the recreation page at www.cityofiola.com.

Kindergarten-1st Grade: Will meet at Jefferson Elementary (300 S. Jefferson St.).
January 16, 23 & 30 (Clinic) Girls will meet 8:30-9:15 am; Boys will meet 9:30-10:15 am.
February 6 & 13 (League Games) Schedules will be handed out on January 30.

2nd-6th Graders: Will meet at the Recreation Building Gym (500 Park Ave., Riverside Park).
January 16 & 23 (Clinic) 2nd-3rd Grade 8:30-9:30 am; 4th-6th Grade 9:45-11:15 am.
January 30, February 6 & 13 (League Games) Schedules will be handed out on January 23.

*****Special Notes:** Please show up at the scheduled time, not early, to allow us time to prepare for the next group. Only two (2) parents/guardians per participant family may attend. All participants and spectators are required to wear a mask while inside the Recreation Building, unless a participant is actively playing in a game on the gym floor. If registration numbers are high, we may only allow one (1) parent/guardian to attend. We'll revisit this before the activity begins, and this may be subject to change. ***

Check T-Shirt Size (Shirt Sizes Run Small):

Youth - Small (6-8) ___ Medium (10-12) ___ Large (14-16) ___ **Adult** - Small ___ Medium ___ Large ___ Xlarge ___ 2XL ___

Participant's Name _____ **Grade** _____ **Birthdate** ____/____/____
(Please Print)

Address _____ **City** _____ **Zip** _____

Age _____ **Gender:** M / F _____ **Main Contact Phone** _____

Parent/Guardian Name _____ **Alternate Phone** _____

Email Address _____

Emergency Name and Phone _____

-Are you involved in any other activity/sport that might keep you from participating? ___ Yes ___ No

-If yes, please list activities:

-If there is an immediate sibling in the same age division, do they need to play on the same team? ___ Yes ___ No

Any additional requests, not including immediate family members, will not be permitted

-If yes, please provide the name of the sibling:

Please list any medical conditions: _____ Allergies: _____

CANCELLATION POLICY: In the event of a cancellation due to weather conditions, Iola Recreation will post the cancellation on the City of Iola - Recreation Facebook page and call the KIKS 101.5 Iola Radio Station to air an announcement. **REFUND POLICY:** As deemed necessary the City of Iola Recreation Department may refund fees and cancel any program with insufficient enrollment response. Otherwise, no refunds will be provided! **WAIVER:** I hereby agree to accept all of the risks of injury or accident of the participant named in the above program. The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to Covid-19, MRSA, Influenza, or other medical conditions or diseases does exist, and it is impossible to eliminate the risk that the participant could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease. I agree to release the City of Iola, USD #257, Iola High School, Jefferson Elementary School, their employees, agents, representatives, instructors, coaches, officials and all volunteers associated with this program from any liability resulting from any circumstances that may arise in connection with the program. All program participants under the age of 18 years old must have a Parent or Guardian Signature! **ZERO TOLERANCE POLICY:** All parents, players and coaches are to abide by the rules and policies of the game. We expect all parties to maintain a positive attitude and uphold the ideals of fair play and good sportsmanship behavior. All players, parents, coaches, and spectators are expected to demonstrate appropriate and good sportsmanship behavior before, during and after games, scrimmages, and practices. The City of Iola Recreation Department has adopted a "Zero Tolerance Policy" towards verbal or physical abuse or harassment by anyone involved with this program in any capacity. To participate in our program, all players and their parents, and team coaches are required to agree to and sign this policy. **PHOTOGRAPHY CONSENT, RELEASE AND WAIVER OF LIABILITY:** I hereby give my consent to the City of Iola Recreation Department to photograph me and use the photograph(s) for informational, educational, promotional, or publicity purposes concerning the city and its services. I understand that the photograph(s) may be used on the city's Website, TV Channel 6 or in official city publications or displays, public newspapers, magazines, reports, or other public documents; or electronic or digital recordings. I also understand that the photograph(s) may be used without any further consent or authorization from me; the city may modify the photograph(s) in the process of editing, and I will not be entitled to any compensation for use of the photograph(s). I also agree to release the City of Iola, its officers, employees, or agents, from any and all liability arising out of or connected to the use of the photograph(s) as stated above. I have read and understand the foregoing consent, release, and waiver of liability, and voluntarily accept and agree to its terms.

Parent/Guardian Signature _____ **Date** _____
(2021 Youth Basketball League Registration Form)