



2022 Youth Basketball Registration Form

Currituck County Parks and Recreation Department



Registration is now open to all Currituck County youth who have reached the age of 5 prior to **September 1, 2021**, and who have not reached the age of 17 prior to **September 1, 2021**. A boys and girls league will be formed and will be divided into four age groups, if enough registrations are received.

A \$20.00 registration fee per child will be charged with a maximum of \$40.00 per family. This money will be used to provide insurance, awards and a team shirt that can be kept at the end of the season. **Ages 5-6, 7-9 will receive metals and First Place Trophies for 7-9, 10-12, 13-16.**

2 WAYS TO REGISTER

Online

Until **Monday, November 22, 2021**, at midnight on CurrituckRecreation.com

Contact Parks & Recreation at 252-232-3007 for a Household ID prior to Friday, November 19, 2021.

Mail

Mail a completed and signed registration form with the proper fee must be received by **Friday November 19, 2021**

Make check payable to:
CCPRD
153 Courthouse Road, Suite 306
Currituck, NC 27929

ANYONE REGISTERING AFTER NOVEMBER 22, 2021 WILL HAVE TO PAY A \$10.00 LATE FEE PER CHILD AND WILL BE ALLOWED TO REGISTER ONLY IF THERE ARE ANY OPENINGS ON A TEAM!

As always, coaches are needed in all age groups. Without parents willing to volunteer, there may be children who will not be able to participate. If you are willing to coach a team, please indicate in the space provided on the registration form. Remember, without you, your child may not have a coach! For additional information, please contact. For additional information, please contact CCPRD at 252-232-3007, Monday thru Friday from 8:00 a.m. to 5:00 p.m.

NOTIFICATION OF MANDATORY WORKOUT TIMES AND SITES:

All workouts will be held at Currituck Community Building

NORTH BASKETBALL WORKOUTS

7-9 GIRLS	TBA
7-9 BOYS	TBA
10-13 GIRLS	TBA
10-12 BOYS	TBA
13-16	TBA

SOUTH BASKETBALL WORKOUTS

7-9 GIRLS	TBA
7-9 BOYS	TBA
10-13 GIRLS	TBA
10-12 BOYS	TBA
13-16	TBA

NOTE: If your child RESIDES in the Moyock Middle School District, he/she will attend the NORTH WORKOUT.
If your child RESIDES in the Currituck Middle School District, he/she will attend the SOUTH WORKOUT.

----- PLEASE DETACH HERE -----

CURRITUCK COUNTY YOUTH BASKETBALL REGISTRATION/PARENT CONSENT FORM

Registration for children who will be 5 years old before **September 1, 2021** and must not have turned 17 years old prior to **September 1, 2021**.

Please make sure to include your email for additional information.

Name of Child: _____ Contact Phone: _____

Age: _____ Date of Birth: _____ Sex: M F Contact Phone: _____

Email: _____ School: _____

Address: _____ North South

City: _____ State: _____ Zip Code: _____

Subdivision, Road Name or Area of County in which you reside: _____

Check child T-shirt size: Youth Small Adult Medium
 Youth Medium Adult Small
 Youth Large Adult Large
 Adult X-Large
 Adult XXL

I would be interested in volunteering by being a:

Head Coach
 Assistant Coach

PARENTS CODE OF CONDUCT

Currituck County Parks & Recreation Department expects all parents to demonstrate good sportsmanship, respect for other, responsibility, fairness, and good citizenship while their child is participating in County sports programs. As a parent I understand that failure to follow the **Code of Conduct for Parents** (available on the County [website](#) and at the Parks & Recreation office) may result in loss of privileges to watch my child's participation. My signature acknowledges that my spouse and/or I have read and understand the code of conduct.

MEDIA RELEASE AGREEMENT

Grant Currituck County permission to use pictures, photos, video recordings, audiotapes, digital images and the like of my child: Yes No
 Review our Media Release Agreement on the County [website](#) or at the Parks & Recreation office.

I, hereby, give my child permission to play Youth Basketball in the 2022 Currituck County Parks & Recreation League. I further agree that the league or its representatives will not be held responsible for any accidents or injuries received while participating in this program above the limits covered by the insurance company.

Print Parent/Guardian Name: _____ Signature: _____

Fee: \$20 per child \$40 Family maximum • Date Registration Received: _____ Received By: _____