

Must be signed for your child to play.



1st – 2nd Grade

PARENT/GUARDIAN PLAYER WAIVER:

I certify that this child is in normal health and capable of participation in Youth Basketball. I grant permission for him/her to play and in doing so I hereby release any rights and claims for injuries and damages I may have against the Tipton Recreation Department, its Board of Directors, employees, officials, or coaches. I understand that the Tipton Rec. Dept. does **NOT** carry accident insurance on league participants.

Parent's Signature: _____ **Date:** _____

Code of Conduct:

For participation in our program please read the following and sign.

Sportsmanship is not an option!!

We strongly encourage our parents/spectators to lead by example. Positive and supportive adults create an environment that best helps a child to learn and grow. Please know that disparaging comments will **NOT** be tolerated and will be addressed **very** firmly, with the possibility of your child being kicked off the team with no refund.

Parent's Signature: _____ **Date:** _____

Note: The above paragraph is necessary and will be enforced.

**WIN AND LOSE GRACIOUSLY - - SUPPORT
DON'T CRITICIZE - - RESPECT PLAYERS,
COACHES, REFEREES, AND EACH OTHER**

BASKETBALL

REGISTRATION

WINTER 2024

TIPTON REC



PROGRAMS

- *Flag Football *Volleyball *Basketball *Soccer
 - *T-Ball *Baseball *Softball
 - *Red Cross Swimming Lessons *Swim Club
- Also offering private Swim Lessons for any age

Summer Camps

- *Basketball *Tennis *Volleyball *Cheer/Dance *Soccer *Pickleball

Visit www.tiptoniowa.org under
Parks and Recreation for more information
700 Park Rd, Tipton, Iowa 52772
(563)886-2271

TIPTON YOUTH BASKETBALL – 1st – 2nd Grade

REGISTRATION DEADLINE:

COST:

Thursday, October 17

\$30.00

SEASON:

November 2 – December 7

PLEASE VOLUNTEER: The Tipton Rec Dept. depends upon volunteers. Our volunteers help the kids to understand the rules, learn the fundamentals of the sport, and most importantly teach sportsmanship. The Rec Dept. will provide training and resource material for planning and conducting practices and games. Without volunteers we could not provide the best program possible for your child. **HAVE AN IMPACT! MAKE A DIFFERENCE.**

Coaches Meeting:

Tuesday, October 22

PRACTICES/GAMES: Practices/games will be on the same day, Saturdays, throughout the season. Practices will be the first 20 minutes with the ‘game’ being the last 40 minutes. **Your coach will contact you of your first practice/game after Oct. 25 (1-2 grade).** Basic skills are taught with an emphasis on teamwork & fair play. Practice/games will take place in Tipton High School 1952 gym.

****No games on Saturday, November 30 – Thanksgiving****

****No special arrangements for team or coach preference will be made.**

Visit www.tiptoniowa.org for more information



BASKETBALL REGISTRATION

Winter 2024

ONE CHILD PER FORM

www.tiptoniowa.org

(Please fill in the information according to the 2024-2025 school year)

Player’s Name: _____

Address: _____ **City:** _____

Zip: _____ **School Attending:** _____

Gender: M F **Grade:** _____ **DOB:** _____ **Age:** _____

Parents Name(s): _____

Phone: _____ **Cell:** _____

E-mail: _____ @ _____

PARENT INVOLVEMENT: Our kids need your help!

Name: _____ **Coach** **Asst. Coach**

Shirt Size: YS YM YL AS AM AL AXL

(6-8) (10-12) (14-16)

***If coaching choose a shirt size also*

****Signatures REQUIRED on back****

Please Circle one: Beginner Average Advanced

Method of payment: Cash Check Credit Card

****Make checks payable to: Tipton Recreation Dept.****

Name on Card: _____ **Exp. Date:** ___ / ___

_____ - _____ - _____

CVC # ___ - ___ - ___

For office use only: Cash CC Ck# _____

Date: _____ **Pymt:** \$ _____ **Intial:** _____