

Takoma Park Recreation Department
Youth Basketball Registration

Player's Name: _____ Age: _____ Date of Birth: _____
Home#: _____ Gender: _____ School: _____ Grade: _____

Parents/Guardian Information

Parent Name(s): _____ (circle one) Resident / Non-Resident (circle one) Ward 1 2 3 4 5 6
Address: _____
Street City State Zip
Work#: _____ Cell#: _____
Email: _____ Home#: _____

Team Request

MyRequest: Lewisdale University Park Boys and Girls Club Team

Payment / Registration

Payment method Check Cash Money Order **Make checks payable to "LUPBGC" Cost is \$85 per child**

****Please turn forms and money into your coach****

Do you require any special accommodations to participate in this program/activity? Yes No

If yes please explain:



PARTICIPATION AGREEMENT

I acknowledge, understand, and accept that there are inherent risks associated with participation in this program and that doing so could result in an injury. The City of Takoma Park assumes no liability for injuries or damages from the results of participation. I acknowledge the fact that the Takoma Park Recreation Department does not provide accident insurance to its program participants. I certify that, to the best of my knowledge, I / my child am / is physically fit and , should this condition change at any time during the program I will notify the administration of the Recreation Department immediately. The Recreation Department has my permission to call Emergency 911 and/or to send me / my child to a hospital or emergency care facility, and the hospital and medical staff have my authorization to provide emergency treatment deemed necessary for the well being of m/my child. I agree to abide by all posted, written, or verbally communicated rules and regulations administered by the Recreation staff concerning this program. I authorize the Recreation Department to take, display, and publish photographs, slides or videos for promotional and/or educational purposes. I have read, understood, and accept the terms of this participant's agreement as outlined.

Parent/Guardian (if under 18): _____ Date: _____

Participant Signature (if over 18): _____ Date: _____

Office use: Date paid: _____ Type of payment: _____ Amount: _____ Date entered: _____ Staff initials: _____