

**SMC DEPARTMENT OF RECREATION & PARKS
YOUTH BASKETBALL**

Season _____
Phone: 301-475-4200 ext. 1830

CIRCLE APPROPRIATE LEAGUE AND AGE

Instructional – Co-Ed
1st & 2nd grade

Youth
Developmental - Co-ed 3rd & 4th grade
Recreational 5th & 6th grade boys & girls
Recreational 7th & 8th grade boys & girls

High School – Co-Ed
Co-ed 9th & 10th grade

AREAS OF PLAY - CIRCLE APPROPRIATE ONE

Instructional – Co-Ed
Southern: Esperanza Middle
Central: Banneker Elem.
Northern: Lettie Dent Elem.

Youth
Southern: Esperanza/ Spring Ridge
Central: Banneker Elem., Leonardtown Elem. & Middle
Northern: Margaret Brent & Lettie Dent Elem.

High School – Co-Ed
Leonardtown Middle

Registrants will be notified if school location changes

Name of Participant: _____ Age: _____ Birth Date: _____ Gender M F

Address: _____
Number Street (or P.O. Box) City State Zip

Phone: (Daytime) _____ (Night) _____ (Cell Phone) _____

School Child Attends: _____ Grade: _____ (e-mail) _____

T-shirt Size (Y=youth / A=adult): YL AS AM AL AXL AXXL

Did participant play last year? Yes No Coach:

Do you want to play with the same team during this season? ___ Yes ___ No (participant will need to participate in draft)

Parent Support is Needed

_____ I am interested in coaching _____ I am interested in helping in any way I can

INDEMNIFICATION STATEMENT: My child and / or I agree(s) to participate in this/these program(s) knowing that proper safety precautions will be taken, but realizing that there is inherent risk involved in recreation activities, and realizing that the St. Mary's County Department of Recreation & Parks is not providing accident or hospitalization insurance for the participants of this program. I do hereby release and hold harmless St. Mary's County, its officials, employees, instructors, and volunteers from any and all liabilities (including attorney fees and court costs) arising from any injuries that might occur during the supervised program(s). I also authorize St. Mary's County Department of Recreation & Parks to take photographs of me/my children for promotional and/or educational purposes. It is hereby stated and declared by me that the released information states is freely, willingly, and voluntarily made.

Parent / Guardian Signature Print Your Name Please Date

MEDICAL INSURANCE IS NOT PROVIDED BY THE LEAGUE

Does your child need any special accommodations or modifications to participate fully in this program? (Please describe)

Visa MasterCard Discover
Credit Card Number _____ - _____ - _____ - _____

Expiration Date: ____ / ____ / ____ Security Code: _____ Amount: \$ _____

Signature: _____

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Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_ Registered By: \_\_\_\_\_  
Include Driver's License Number on Check

**ST. MARY'S COUNTY  
DEPARTMENT OF RECREATION AND PARKS  
POSITIVE YOUTH SPORTS PLEDGE**

Parents and Spectators Please:

- Encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other youth sports events.
- Place the emotional and physical well being of your child ahead of any personal desire to win.
- Support coaches and officials working with your child, in order to encourage a positive and enjoyable experience for all.
- Remember that the game is for the youth-not the adults.
- Have your child treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Season \_\_\_\_\_ Sport \_\_\_\_\_