



Recreation and Parks Registration Form

Check here if new address/phone/email. PLEASE PRINT CLEARLY. This form may be duplicated.

PARENT/GUARDIAN INFO: Address _____ City _____ State _____ Zip _____

Mother's Last Name _____ First Name _____ Email _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Father's Last Name _____ First Name _____ Email _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Northern Basketball League

- 270501 A 1st Grade Instructional
- 270501 B 2nd Grade Instructional
- 270501 C 3/4 Grade Co-Ed
- 270501 D 5/6 Grade Girls
- 270501 E 5/6 Grade Boys
- 270501 F 7/8 Grade Girls
- 270501 G 7/8 Grade Boys

Central Basketball League

- 270502 A 1st Grade Instructional
- 270502 B 2nd Grade Instructional
- 270502 B1 1st/2nd Grade Instructional
- 270502 C 3/4 Grade Co-Ed
- 270502 D 5/6 Grade Girls
- 270502 E 5/6 Grade Boys
- 270502 F 7/8 Grade Girls
- 270502 G 7/8 Grade Boys

Southern Basketball League

- 270503 A 1st Grade Instructional
- 270503 B 2nd Grade Instructional
- 270503 C 3/4 Grade Co-Ed
- 270503 D 5/6 Grade Girls
- 270503 E 5/6 Grade Boys
- 270503 F 7/8 Grade Girls
- 270503 G 7/8 Grade Boys

High School Basketball League

- 270501 H Northern
- 270502 H Central
- 270503 H Southern

Participant's Name (last,first)	Birth Date (mm/dd/yyyy)	Sex (M/F)	School Attending	Grade	Activity Name	Course Number	Location	Fee
<i>Example: Smith, Sam</i>	<i>1/25/2011</i>	<i>M</i>	<i>Carver Elementary</i>	<i>1</i>	<i>Basketball</i>	<i>270503 A</i>	<i>Southern (Carver Rec Center)</i>	\$ <i>50.00</i>
Total Amount Due:								\$

Did your child play last year?: Yes ___ No ___ (if yes fill out the team information from last season)

If interested in coaching this upcoming season please check here:

Coach Name: _____

Team Name: _____

If your child is enrolled in the 4,6 & 8th grade only - Does your child want to play with the same team during this season: Yes / No (If NO your child would need to participate in the draft)

YOUTH BASKETBALL REFUND POLICY: (1) A full refund may be obtained if refund is requested in writing prior to the start of program in case of medical problems verified by a doctor's certificate
 (2) ALL other request must be submitted to this office in writing 2 business days prior to first practice, if approved 50% of the registration fee may be refunded to you.

RELEASE AND WAIVER OF ALL CLAIMS: The Undersigned participant (Parent/Guardian) understands that this release forever discharges and holds harmless, St. Mary's County Government/Department of Recreation and Parks from any liability or claim that participant may have against St. Mary's County Government with respect to any bodily injury, personal injury, illness, death, property loss or damage that may result from participant's activities, whether caused by the negligence of St. Mary's County Government/Department of Recreation and Parks or its officers, directors, employees, agents, volunteers or otherwise. Participant (Parent/Guardian) also understands there are inherent physical risks associated with activities and programs and that, St. Mary's County Government does not carry or maintain health, medical, or disability insurance coverage for any participant. Each participant is expected and encouraged to obtain his or her own medical or health insurance coverage. I also authorize the Commissioners of St. Mary's County (including its departments, boards, commissions, agents, employees and volunteers) to use my image and/or voice in any media form (including, but not limited to, cable television broadcasts, videos, internet communications, and publications). I release the Commissioners of St. Mary's County from any and all claims and liability regarding the making or use of an audio and/or visual recording of my image and/or voice (including claims related to rights of publicity or privacy, defamation, or portrayal in a false light, whether intentional or unintentional).

Participant or Parent/Guardian Please Print

Participant or Parent/Guardian Signature

Date

Do you or does the participant have any special need that requires accommodations in this program? Yes _____ No _____ (If Yes, Please provide details below) :
