



OFFICE USE ONLY

Grade \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Basketball Registration Form

Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parents Name(S) \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Mailing Address \_\_\_\_\_

Emergency Contact- Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact- Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Family Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that the above-named child is in normal health and can participate safely. I understand that the participants agree to release all liability and hold the Maxwell Park and Recreation District and Maxwell Unified School District Harmless. I give my permission for the above child to participate in practices and games. I give the consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I understand that my child participates at his/her risk. Please note that the coaches are not responsible for transportation to and from games or practices.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Maxwell Parks and Recs is a volunteer run organization. Our program relies on volunteers. Please help by volunteering in one of the following ways.

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ Referee \_\_\_\_\_ Scorekeeper \_\_\_\_\_

**(\$80.00) per player with T-Shirt**

Please make a check payable to MPRD. There are no refunds for programs after the first day of practice. Refunds that are given will have a 25% surcharge.

There are no make-ups unless something unexpected occurs with the facility or the instructor. **You may mail this form with cash or a check to MPRD-PO**

**BOX 688-Maxwell, Ca 95955 or you can drop them off at the elementary school office.**