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 duty 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.**