

TALLAHASSEE PARKS, RECREATION & NEIGHBORHOOD AFFAIRS REGISTRATION FORM

2009/10 YOUTH BASKETBALL

CHECK THE SITE MOST CONVENIENT:

Deerlake MS _____ Swift Creek MS _____ Jack McLean Community Center _____

Lawrence-Gregory CC @ Dade Street _____ Walker Ford Community Center _____

JUNIOR BOYS (9-10) _____

JUNIOR GIRLS (9-10) _____

INTERMEDIATE BOYS (11-12) _____

INTERMEDIATE GIRLS (11-13) _____

SENIOR BOYS (13-15) _____

SENIOR GIRLS (14-16) _____

PLAYER'S NAME _____ SCHOOL _____

BIRTHDATE _____ AGE _____

NAME OF PARENT(S) _____

ADDRESS _____ ZIP _____

HOME PHONE (MOM): _____ HOME PHONE (DAD): _____

WORK PHONE (MOM): _____ WORK PHONE (DAD): _____

CELL PHONE: _____ CELL PHONE: _____

E-MAIL: _____

DID YOUR CHILD PLAY IN THIS AGE GROUP LAST YEAR? YES: _____ NO: _____

***CARPOOLS:** Participants are only allowed ONE carpool request that we will attempt to accommodate. This must be a reciprocated request by the other participant. "Team" and/or "Coach" requests will not be considered.

DO YOU LIVE WITHIN THE CITY LIMITS? YES: _____ NO: _____

IF NO, DO YOU LIVE WITHIN LEON COUNTY? YES: _____ NO: _____

RECREATION ACCIDENT INSURANCE IS \$6.30. DO YOU WANT INSURANCE? YES: ___ NO: ___

Registration Fee: \$ 36.25-Check or cash. (A \$10 late fee will be due for registrations received after November 10, 2009.)

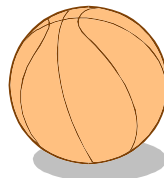
Optional Insurance: \$6.30 – Please include with registration payment.

It is agreed by the signature below that in the event my child is disabled, or incurs disease of a temporary or permanent nature while participating, to waive all claims or liabilities against the City of Tallahassee and Parks, Recreation & Neighborhood Affairs Department, Coaches and Staff. I certify and take full responsibility for the above information being correct to the best of my knowledge. Also by my signature below, I agree to comply with the Parent Code of Conduct Pledge.

The City of Tallahassee Parks, Recreation & Neighborhood Affairs Department reserves the right to photograph/videotape facilities, activities, and program participants for potential future use. All photos/footage will remain the property of the Tallahassee Parks, Recreation & Neighborhood Affairs Department and may be used for publicity or promotion purposes only.

PARENT/GUARDIAN SIGNATURE _____

DATE: _____



For Official Use Only: Amount Paid _____ Cash _____ Check # _____ Insurance _____

MAIL IN REGISTRATIONS TO: Youth Basketball Registration
912 Myers Park Drive
Tallahassee, FL. 32301

Website: talgov.com

Mail in registrations must be postmarked by Monday, November 2, 2009.