



OFFICE USE ONLY

Grade _____

Date: _____

Time: _____

Basketball Registration Form

Name _____

Age _____ DOB _____ Grade _____ T-Shirt Size _____

Parents Name(S) _____

Contact Numbers _____

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 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 _____

_____ (\$60.00) per player with T-Shirt

Please make check payable to MPRD. There are no refunds for programs after the first day of practice. Refunds that are given will have a \$5.00 or 15% surcharge, whichever is less. 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.**