

Basketball Registration Form

Online registration available at www.swparks.org. Mail registration form with payment to SWPRD, PO Box 136, Langley, WA 98260, or fax with credit card payment to 360-221-7323, or register in person at our Park office located at 5475 Maxwellton Road, Langley. Call 360-221-5484 to confirm faxed registrations.

PARTICIPANT	Participant Information				
	Participant Name	Contact Phone	Alternate Phone	DOB / /	Age Grade
	Mailing Address	City	State	Zip	Gender Height
	Email (Very helpful in communication during basketball season!)	Optional: Check here to receive our email newsletter. <input type="checkbox"/>		Youth S M L Adult S M L XL 2X Circle your unisex team shirt size	
	Please list any health, behavioral or medical concerns		Physician Name		Phone
	Parent/Guardian Information				
Mother	Phone(s)	Father		Phone(s)	
Emergency contact other than parent who is permitted to pick up above youth.		Phone(s)		Relationship to Child	

PROGRAM INFO	Parent Participation Be a part of the team!		Key Dates (Tentative)	Fee
	The success of the youth basketball program depends upon your helpful participation. Please indicate areas you are willing to help: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Sponsor (\$175) <input type="checkbox"/> Referee <input type="checkbox"/> Parent Monitor <input type="checkbox"/> Timer/scorer		9/30 Early reg. deadline	\$50 (through 9/30)
			10/7 Last day to register	\$60 (after 9/30)
	League Details		10/7 Skills evaluation	
	Games take place at local south end schools on weekday evenings and occasionally Saturday mornings. Practice & game schedules TBD after draft and team assignments. Grades 3 - 8 must participate in the Skills Evaluation.		10/7 - 14 Teams Assigned	
			10/14-21 Practice begins	
			11/1-5 First week of games	
			Mid-Nov Team photos	
			Mid-Dec Final games	Total \$

WAIVER	Waiver/Photo Release	
	I agree to hold harmless the South Whidbey Parks & Recreation District, its officials, its employees and agents for any and all claims for personal injury and damage in which damage and injury is or appears to be proximately caused by my participation or the participation of the child for whom I am responsible in this recreation program. Furthermore, I hereby consent that images (photographs, video recordings, etc.) of my child engaged in above activities may be used for promotional purposes.	
	Signed: (Parent/Guardian Signature Required for Youth)	Date:

PAYMENT	To Pay by Check Checks should be made payable to SWPRD.	
	To Pay by Credit Card	
	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
	Card Number	CVV # ____ (Found on back of card)
	Name on Card	Expiration Date
	Signature	Total Fee

How did you hear about this program?

☐ Web Search ☐ Activity Guide ☐ Email ☐ Flyer @ School ☐ Newspaper ☐ Other: _____

For Office Use	Method	Rec'd By	Date	Amount	Receipt #
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