

# Basketball Registration Form

Online registration available at [www.swparks.org](http://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	<b>Participant Information</b>				
	Participant Name	Contact Phone	Alternate Phone	DOB    /    /	Age                      Grade
	Mailing Address	City	State	Zip	Gender                      Height
	Email	Check here to receive our e-newsletter. <input type="checkbox"/>		Youth S M L    Adult S M L XL 2X Circle your team jersey size	
	Please list any health, behavioral or medical concerns		Physician Name		Phone
	<b>Parent/Guardian Information</b>				
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	<b>Parent Participation Be a part of the team!</b>		<b>Key Dates (Tentative)</b>	<b>Fee</b>
	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"/> Sponsor <input type="checkbox"/> Referee <input type="checkbox"/> Parent Monitor <input type="checkbox"/> Timer/scorer		12/28   Early reg. deadline 1/13   Last day to register 1/13   Skills evaluation	\$50 (through 12/30)
	<b>League Details</b>		1/14-19   Teams Assigned 1/14-21   First week of practice 2/1-5   First week of games Mid-Feb   Team photos Mid-March   Last games	\$60 (after 12/30)
	Games take place at local south end schools. Practice & game schedules determined after draft. Grades 3 - 8 must participate in the Skills Evaluation.			<b>Total \$</b>

WAIVER	<b>Waiver/Photo Release</b>	
	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	Checks should be made payable to SWPRD.	
	<b>To Pay by Credit Card</b>	<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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