



2010-2011 COLUMBUS PARKS AND RECREATION COLUMBUS YOUTH BASKETBALL



REGISTRATION DATES: NOVEMBER 15 – DECEMBER 10, 2010

DATE _____

MALE/FEMALE (CIRCLE ONE)

CHILD'S NAME _____ AGE ON JANUARY 1, 2011 _____

SCHOOL: _____ GRADE ENTERING: _____
(CHILD MUST NOT BE ON ANY MIDDLE OR HIGH SCHOOL ROSTER)

ADDRESS: _____ DOB: _____

CITY: _____ STATE _____ ZIP: _____

PARENT/LEGAL GUARDIAN: _____

HOME PHONE: _____ WORK PHONE: _____
CELL PHONE/PAGER _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

EMERGENCY CONTACT TELEPHONE NUMBER: _____

KNOWN RESTRICTIONS/ALLERGIES/HEALTH PROBLEMS:

PLEASE PROVIDE A COPY OF YOUR CHILD'S BIRTH CERTIFICATE, PASSPORT, AND/OR MILITARY I.D.

FULL PAYMENT IS DUE AT THE TIME THE REGISTRATION FORM IS TURNED IN



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WAIVER FORM

PARTICIPANT'S NAME

I am the parent/guardian of the child named above. I hereby represent that my child has my permission to participate in the Columbus Parks and Recreation Department basketball program and its related events. I further warrant that to the best of my knowledge and belief, my child is physically and mentally able to participate in the Columbus Parks and Recreation program. I also represent that there is no medical evidence, which would preclude my child from participating in any Parks and Recreation event/program. In permitting my child to participate, I am specifically granting my permission (both during and anytime after), to the Columbus Parks and Recreation Department to use my child's likeness, name, voice, or words in either television, radio, film, newspaper, magazines and other media and in any form, for the purpose of advertising or communicating the purpose and activities of the Columbus Parks and Recreation Department and/or applying for funds to support those purposes and activities.

If a medical emergency should arise during my child's participation in any Columbus Parks and Recreation Department event, at any time when I am not personally present so as to be consulted regarding my child, I hereby authorize the Columbus Parks and Recreation Department to take whatever measures necessary to ensure my child is provided with any emergency medical treatment, including hospitalization, which the Columbus Parks and Recreation Department deems advisable in order to protect my child's health and well being. Which hospital would you prefer your child to be transported to if there is an emergency and you are not present to make that decision: _____.

Waiver and release of claims and rights to sue: the commissioners, organizers, directors, agents, and employees of the Columbus Parks and Recreation Department and its host facilities and hereby released, acquitted and discharged from any claim for damage or suit by reason of any injury, illness, death or damage to person or property during the course of the Columbus Parks and Recreation Department event, and in that regard, I hereby covenant on my own behalf and for the above named child and not to file a claim or bring a suit with respect to any such injury or damage.

I, the parent/guardian of the above named child have read and fully understand the provisions of the above release and have explained these provision on my behalf and on behalf of the athlete named above. I hereby give my permission for the child named above to participate in the Columbus Parks and Recreation Department and its event.

Signature of parent/guardian

Date

REGISTRATION FEE BREAKDOWN

<u>TOTAL HOUSEHOLD INCOME</u>	<u>1ST CHILD</u>	<u>2ND CHILD</u>	<u>ANY ADD'L CHILDREN</u>
Under \$15,000	\$15.00	\$12.00	\$10.00
\$15,001-25,000	\$25.00	\$22.00	\$20.00
\$25,001-35,000	\$35.00	\$32.00	\$30.00
Over \$35,000	\$45.00	\$42.00	\$40.00

Must have 1040 form to verify household income