



Activity Registration

2019 Youth Basketball Skills & Drills

Participant

Player Name _____

Date of Birth ___/___/___ Boy or Girl

Please circle t-shirt size:

YS YM YL AS AM AL AXL

Health Concerns: _____

Parent/Guardian

Parent Name _____

Email _____

(Please Note: All registrations and notifications will be sent out via email.)

Mailing Address _____

City _____ Zip _____

Cell Ph _____ Home Ph _____

Volunteer

I am interested in helping _____

Emergency Contact

Name _____ Phone _____

Sponsorship

I am interested in sponsoring a team for \$150 or \$250. Please ask for more information.

Business Name _____ Preferred Shirt Color _____

Contact Person _____ Phone _____

Registration Deadline is December 2

Check <input type="checkbox"/>	Grade	Day	Class Time	Class Code	Fee
<input type="checkbox"/>	K	Sat. mornings 1/12/19-2/16/19	TBD	301301-W	\$35
<input type="checkbox"/>	1st	Sat. mornings 1/12/19-2/16/19	TBD	301301-W	\$35
<input type="checkbox"/>	2nd	Sat. mornings 1/12/19-2/16/19	TBD	301301-W	\$35
<input type="checkbox"/>	Sponsor			301306-R	\$150

PARTICIPANT RELEASE

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its agents or employees, from liability for any injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities occurring on the property of the City of Delta which is used in conjunction with the Delta Recreation Program. Further the participant understands that parent or guardian participation is a requirement of this recreation program and that all of the coaches are volunteers.

SIGNATURE:

DATE:
