



ANDERSON PARKS YOUTH SPORTS LEAGUES

Team Registration

Competitive Leagues Form ~ Winter 2019

Registration Deadline: October 29

Please complete and send with payment (or Jim Grabowski Memorial Fund Form) to:
Mail or Drop Off: Anderson Parks RecPlex, 6915 Beechmont Ave., Cincinnati, Oh 45230
Email: APDReg@AndersonParks.com
Fax: 513.231.4190
Checks payable to: Anderson Park District

**Get Kids
in the Game**

JIM GRABOWSKI
MEMORIAL FUND for FUN

So every kid can play 

**Scholarship fund for
Anderson Parks
youth sports**

**More information: 513.388.4514
or AndersonParks.com**

Select Your League

___ WINTER Boys Comp. Basketball Age Group (circle one): 8U / 10U / 12U Price: \$525/team
 ___ WINTER Girls Comp. Volleyball Age Group (circle one): 10U / 12U Price: \$400/team

Team Information

Team name _____
 Team color _____
 Scheduling conflicts _____
 Interested in renting practice time? ___YES ___NO Coaches will be contacted on Nov. 2 to begin scheduling.

Coach Information

Head coach name _____
 Cell _____ Email _____
 Assistant coach name _____
 Cell _____ Email _____

Please complete the team roster information on page 2. At registration, each player's name and birth date are required. The complete roster information is due by the first game on December 1st/2nd.

Release of Liability and Authorization

I, the undersigned, hereby authorize my, and/or my child's, participation in the Anderson Park District ("APD") activity for which I am registering. I knowingly and freely accept all risks associated with participation in this activity, and hereby release: the APD; Forest Hills Local School District; Anderson Foundation for Parks and Recreation; and Beech Acres Parenting Center; and their respective Boards, employees, agents, assignees, sponsors, and volunteers from all responsibility in the event of accident or injury associated with participation in this activity. I hereby acknowledge the APD has provided me with, as required by law, the Ohio Department of Health "Concussion Information Sheet" and "Lindsay's Law-Sudden Cardiac Arrest information," via www.andersonparks.com and at the Anderson Parks RecPlex, 6915 Beechmont Ave, Cincinnati, OH 45230.

In consideration of my and/or my child's participation in this APD program, I agree that my likeness, or the likeness of my child, may be photographed or videotaped and that such images may be published in an outlet used to promote or publicize the APD. I authorize the APD to use my e-mail address to send me APD information. My signature below indicates that I am at least 18 years of age, and that I have read and understand the above information concerning participation in the APD activity for which I am registering myself and/or my child.

Office Use Only

Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash ___ CC ___ Check # _____ Check Name _____ Dep'd By _____ Conf. _____

Payment Information

Amount Paid \$ _____ Check # _____ Visa/MC # _____ - _____ - _____ Exp. Date _____
 3 digit security code _____ Name on Card _____

