



# ANDERSON PARKS YOUTH SPORTS LEAGUES Individual Registration

**Recreational Leagues Form ~ Winter 2019**

**Registration Starts: Nov. 5      Registration Deadline: Dec. 10**

Please complete and send with payment (or Jim Grabowski Memorial Fund Form) to:

APD, Anderson Parks RecPlex, 6915 Beechmont Ave., Cincinnati, Oh 45230

Checks payable to: Anderson Park District      Email: APDReg@AndersonParks.com      Fax: 513.231.4190

Name \_\_\_\_\_ Gender \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Ph: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Anderson resident?    YES    NO      Player or coach request (*Not guaranteed*) \_\_\_\_\_

Shirt (circle size):    Youth S (6-8)    Youth M (10-12)    Youth L (14-16)    Adult    S    M    L    XL

**Coaching Information:** *Volunteer coaches are needed for each league. You may be asked to coach or help find a coach. Without a coach, we will not be able to place your child on a team. Only one head coach and one assistant coach allowed per team.*

Would you like to be a coach?    YES - Head Coach    YES - Assistant Coach

Name \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

With whom would you like to coach \_\_\_\_\_

## Emergency Information

Emergency Contact \_\_\_\_\_ Ph \_\_\_\_\_

Physician's Name \_\_\_\_\_ Ph \_\_\_\_\_

Medical conditions, allergies, and medications \_\_\_\_\_

## 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 activity/program, I agree that my likeness, or the likeness of my child, may be photographed or videotaped and that such image(s) may be published in an outlet used to promote or publicize the APD. Furthermore, 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.

Parent/Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 \_\_\_\_\_

## Select Your League

### Winter Basketball Leagues

Boys gr. 3-6: \$95 R, \$115 NR

### Winter Volleyball Leagues

Girls gr. 2-6: \$85 R, \$100 NR

## 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**

**Applying to the fund is  
as easy as 1,2,3!**