



Anderson Park District

Men's Basketball Group, age 35 years and up

Rekindle your love of the game while staying in shape and enjoying the camaraderie of being on the basketball court. Please bring your ID! New participants' ages will be verified at their first visit. Anderson Parks will follow health and safety practices recommended by the Centers for Disease Control, the Ohio Department of Health and Hamilton County Public Health at our activities. Recommendations include unvaccinated individuals wearing masks while indoors.

Registration ends at noon on each program date. Register in advance; space is limited.

Dates: Wednesdays, September 15, 22, 29, October 6, 13, 20, 27, November 3, 10, 17, December 1, 8, 15

Time: 8:30-10 p.m. **Price per date:** \$5 resident, \$8 non-resident

Place: Anderson Parks RecPlex, 6915 Beechmont Ave. **Questions:** (513) 388-5082

Men's Basketball Group (35 & Up) Registration ~ Fall 2021

Participant's Name _____ Birthdate ____/____/____ Gender _____

Address _____ City _____ State _____ Zip _____

Phone (h) _____ (c) _____ E-mail _____

Medical Concerns: allergies, conditions, medications: _____

Emergency Contact Name / Relationship: _____ Phone: _____

Dates: ___ Sept 15 ___ Sept 22 ___ Sept 29 ___ Oct 6 ___ Oct 13 ___ Oct 20 ___ Oct 27
 ___ Nov 3 ___ Nov 10 ___ Nov 17 ___ Dec 1 ___ Dec 8 ___ Dec 15

Price: ___ \$5/date resident ___ \$8/date non-resident **Total Due: \$** _____

Office Use Only: Date/Time _____ Total Paid \$ _____ Cash ___ CC ___ Check # _____ Ck Name _____ Staff _____
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Make checks payable and return to: Anderson Park District, Anderson Parks RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230
Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*. The APD may cancel or alter programs pending registration numbers.

RELEASE OF LIABILITY & AUTHORIZATION: I, the undersigned, hereby authorize my, and/or my child's, participation in the Anderson Township Park District dba 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 agree to release, hold harmless, and indemnify: the APD; Forest Hills Local School District; Anderson Township; and Anderson Foundation for Parks & Recreation; and their respective Boards, employees, agents, assigns, independent service providers, sponsors, and volunteers from all responsibility in the event of accident, injury, or illness 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.

By signing this registration, I agree to abide by the APD's health and safety participation requirements. I agree to the APD's Program Registration Information and Refund Policy. 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.

Participant (Parent/Guardian) Name _____ Signature _____ Date _____

Visa _____ MasterCard _____ Discover _____ Amex _____ Card # _____

Security Code (BACK of Card) _____ Exp. Date _____ Name on Card _____