



ANDERSON PARKS YOUTH SPORTS LEAGUES INDIVIDUAL REGISTRATION



REGISTRATION DEADLINE: SEPTEMBER 18 FOR BOYS GRADES 1-3, GIRLS GRADES 1-2
NOVEMBER 4 FOR BOYS GRADES 4-6

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 SECURE FAX: 513.231.4190

Name _____ Gender _____

Birthdate ____/____/____ Grade ____ School _____

Address _____ City _____ State ____ Zip _____

Parent/Guardian Name _____

Home _____ Cell _____ Email _____

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

Player/Friend request: _____ (A request is NOT guaranteed.)

____ (initial) I understand a player request is not guaranteed. I understand the park district does not accept team registrations or coach requests.

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 _____

EMERGENCY INFORMATION

Emergency Contact _____ Relationship _____ Ph _____

Medical conditions, allergies, and medications _____

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.

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/Discover/AmEx # _____ - _____ - _____

Exp. Date _____ Security Code _____ Name on Card _____

SELECT YOUR LEAGUE

Fall Basketball Leagues

Girls gr. 1-2: \$100 R, \$120 NR

Boys gr. 1-2: \$100 R, \$120 NR

Boys gr. 3: \$120 R, \$140 NR

Boys gr. 4-6: \$120 R, \$140 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:
513.388.5082 or
AndersonParks.com

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