

GARDEN CITY RECREATION DEPARTMENT



Parents Signature_

Basketball



_Date____/___/_

(Check, Money Order, Credit/Debit) Age Groups □Age 3-6 □Age 6-8 □Age 9-10 □Age 11-14

Participants Name	Age	(As of September 1	st) Date Of Birth	// sex	
Addresss	Home	Home Phone			
City	State	Zip Code		_	The Sports
Fathers Name	Cell #	Employer	Work #		participati on fee will
Mothers Name	Cell #	Employer	Work #		be \$35 for Players
Email address	Email address				living outside of
Emergency ContactHealth Comments (Allergies, health Are you interested in volunteering Coach Asst. Coach T	g with Garden City Red	creation Dept. Yes_	No	_	the Garden City City limits. The fee for Garden
I agree to abide by the rules Department. I understand that the Garde fully accept the decision of t I will conduct myself with a opposing team, fans and off follow this principle may lea which may include but not I events. I support the Garder on participation, fun, physic family involvement and volu I hereby certify that my chil sports program. I understant Department does Not carry I also understand that the Garden equipment assigned to my chir result in a fee being charged to shipping incurred by the City *** Garden City Recreation Control of the C	en City Recreation he recreation staff positive attitude to icials during the condition to punishment by imited to suspension City Recreation I cal fitness, and heal unteer leadership. Id is in normal heal and that injuries may supplement insurden City Recreation I do cover the cost of the of Garden City.	Department staff regarding team sowards Recreation urse of the season the Garden Citon from the Garden Cepartment yout of the skill developed the and capable of the conclusion of the equipment, all	f will assign my of selections. In Department Some I understand to the season of the season. Failuprinting, charges,	taff, coaches, that failure to epartment staff, ion Department phy, which is bas, fair play, ion in the youth creation	residents will remain @ \$25 per sport.