

**Des Moines Park & Recreation Department
2010-2011 Youth & Teen Basketball League
Individual Registration Form**

Player's Name: _____ Birthdate: _____

Address: _____ Apt #: _____ City _____ Zip _____

School: _____ Grade: _____ Age: _____ Sex: _____

Guardian #1: _____ Home Phone() _____

Guardian #2: _____ Home Phone() _____

Email: _____

<p><u>Player's Shirt</u> - Please check appropriate size. <u>Size selected will be size ordered. No extra sizes available.</u></p> <p align="center">YOUTH SIZES: _____ Small (6-8) _____ Med (10-12) _____ Lg (14-16)</p> <p>ADULT SIZES: _____ Sm(34-36) _____ Med(38-40) _____ Lg(42-44) _____ XL(46-48) _____ XXL(50-52)</p>
--

Coach Request (no guarantee): _____

Player Request (no guarantee): _____

Please check appropriate grade division:

_____ Co-ed Kindergarten	_____ Co-ed 1st/2nd	_____ Boys 3rd/4th
_____ Girls 3rd/4th	_____ Boys 5th/6th	_____ Girls 5th/6th
_____ Boys 7th/8th	_____ Girls 7th-8th	_____ Boys 9th/10th

<u>Alternate Phone Number(s):</u>	
Number: _____	Relationship: _____
Number: _____	Relationship: _____

City of Des Moines Hold Harmless Agreement

I assume all risks and hazards of the conduct of this program. In case of injury, I waive all claims or legal action, financial, or otherwise, against the City of Des Moines, its organizers, sponsors, supervisors, employees, or any volunteers connected with the program, unless injury is caused by the sole negligence of the City of Des Moines. In absence of signature, payment fees and participation in the program constitutes acceptance of these conditions.

I grant full permission to use photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

Parent/Guardian Signature: _____ Date: _____

<u>FEES:</u>			
Registration Fee: \$60R / \$65NR	9/1-10/4	\$	_____
Registration Fee: \$70R / \$75NR	10/5-11/4	\$	_____
Registration Fee: \$80R / \$85NR	11/5-11/18	\$	_____
Registration Fee: \$95R / \$100NR	11/19-12/3	\$	_____

<u>METHOD OF PAYMENT:</u>	
Cash:	_____
Check #:	_____
VISA/Mastercard:	_____
Expiration Date:	_____

City of Des Moines Park & Recreation Department, 1000 S. 220th Street, Des Moines, WA 98198
(206) 870-6527 (206) 870-6587 FAX www.desmoineswa.gov

SPORTS DONATIONS

I would like to make a donation of _____ to the Youth Basketball League to help under privileged athletes.

