



# MARYSVILLE PARKS & RECREATION REGISTRATION FORM

## PARTICIPANT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Participant's Primary Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Fathers Name \_\_\_\_\_ Phone (HM) \_\_\_\_\_ (Cell) \_\_\_\_\_

Mothers Name \_\_\_\_\_ Phone (HM) \_\_\_\_\_ (Cell) \_\_\_\_\_

Participant's Primary Contact Phone Number \_\_\_\_\_

Email \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  Male  Female

School \_\_\_\_\_ T-shirt Size: YM YL AS AM AL AXL

Level of Experience: Beginner Intermediate Advanced

## PARENTAL INFORMATION (Please Respond)

The Marysville Parks and Recreation's operation of the Youth Basketball / Soccer Leagues is dependent on those parents who become involved in the program as volunteer coaches. Volunteers are these programs most valuable assets. Please consider getting involved in some capacity this year. Parks' staff will contact you soon for the first coaches informational meeting.

Would you be interested in coaching your child's team?  Yes  No  Possibly

Would you be interested in being an assistant coach?  Yes  No  Possibly

Does your child have any medical, physical or emotional limitations or restrictions that the Marysville Parks & Recreation Department and coaches should be aware of:  Yes  No If yes, please state condition fully.

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### ~ WAIVER FOR PARTICIPATION ~

I hereby, for myself, and/or my child, my organization, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Marysville Parks and Recreation Department, the City of Marysville, the Marysville School District, Lakewood School District, Program Coordinators and volunteers or any organization in whose building or grounds this activity is being held, and any instructor or person of these organizations or departments for injuries received in participating in any activity sponsored by the Marysville Parks and Recreation Department.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

ONE BUDDY REQUEST : \_\_\_\_\_ SCHOOL \_\_\_\_\_

Buddy requests are not guaranteed. All buddy requests must be from the same division.

### FOR OFFICIAL USE ONLY

Program Fee \$ \_\_\_\_\_ Late Fee \$ \_\_\_\_\_

Cash Check # \_\_\_\_\_ Visa/MC \_\_\_\_\_ Total Due \$ \_\_\_\_\_ Date \_\_\_\_\_



**Marysville Parks & Recreation 360-363-8400**

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Visa/MC # \_\_\_\_\_ Expiration \_\_\_\_\_ V-Code \_\_\_\_\_