



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



 Visa/MC # _____ Expiration _____ V-Code _____