Participant's **(Child's)** Name:

_____
Last first middle initial

Street _____

City _____Zip _____

County _____

Home Ph. No. _____

Age _____ Birth Date _____

School _____ Grade _____

Mother's Name

_____

Ph. No. _____
Cell Work

Email Address

_____

Father's Name

_____

Ph. No. _____
Cell Work

(Circle one) Boy Girl

Age Group: **Child's age as of 12/31/12** (circle one)

2006 - 04	2003 - 2002	2001 - 00	1999 – 98
6 – 8	9 –10	11-12	13-14

Preferred Practice Site. ***Selection cannot be guaranteed:*** **Check 1st, 2nd, & 3rd choice**

_____**A. L. Burruss (325 Manning Rd Marietta 30064)**
_____**Dunleith (120 Saine Dr. SW Marietta 30008)**
_____**E. Porter Rec. (370 Montgomery St. Marietta 30060)**
_____**Lawrence St. Rec. (510 Lawrence St. Marietta 30060)**

Shirt Size: Check one (YOUTH SIZES RUN SMALL)

_____ **Youth Med (8 -10)** _____ **Youth Large (12-14)**
_____ **Adult Small** _____ **Adult Medium**
_____ **Adult Large** _____ **Adult XL**
_____ **Adult 2X** _____ **Adult 3X**

Revised 09/18/12

Are you willing to be a:
Head Coach _____ Assistant Coach _____

List any physical or mental defects or diseases, (asthma, epilepsy, heart murmur, rheumatic fever, etc.) which your child may have, or any other special medical information:

_____

I, We, the parents of the above-named boy or girl, hereby give my/our approval for his/her participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I/We do further hereby release, absolve, indemnify and hold harmless the City of Marietta, it's employees, agents and officials, the Marietta Parks and Recreation Department, the organizers of the activity, sponsor, the supervisors, any or all of them. In the case of injury to my/our son or daughter, I/We hereby waive all claims against the City of Marietta, its employees, agents and officials, the organizers, the sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our son or daughter to or from the activity.

I/We, the parents of the above named boy or girl, hereby give my/our permission to the person in charge of the activity to take our son or daughter to the doctor or hospital in case of injury.

I/We, individually and as mother/father and natural guardian of _____

a minor, who resides at _____
Street

_____,
City State Zip

for and in sole consideration of the City of Marietta, Georgia, it's Recreation Department, it's employees and agents, of any and all claims, demands, rights, and causes of action of whatsoever kind and nature arising from and by reason of any and all known and unknown foreseen and unforeseen, bodily and personal injuries, damages of property and consequences thereof resulting from my child's participation in the youth basketball program conducted by the City of Marietta, Georgia through it's Recreation Department. I do hereby individually as the mother/father and natural guardian of my minor child further covenant with the said City that I and my heirs, executors, assigns and transfers, will never at any time sue the City for or on account of any claim for damages arising out of my child participation in the youth basketball program whether such claim arises by the negligence of the City of Marietta, it's employees or agents or by the negligence of any of the other students in the youth basketball program.

Requests/Notes/Comments

Requests to be placed with a specific coach must be registered by August 31st.

Please indicate if there's a day your child can't practice (Example: Can't practice on Tuesdays because of scouts).

_____
_____
_____
_____
_____
_____

Birth Certificate:

_____ **Faxing in to (770-794-5635)**
_____**Submitted with registration**
_____**On file with department**

We will accept registrations via fax at (770) 794-5635; however, you must call the main office at (770) 794-5601 with your credit card information after faxing. We will not accept a registration without payment.

Did your child play on an AAU/YBOA team in 2012? _____

A player can **NOT** participate on any type of school team in order to be eligible to play in the Marietta Parks & Recreation league.

_____
Parent/Guardian Signature and Date

Individually and as mother/father and natural guardian of the within named minor child.

The Marietta Parks and Recreation Department is an Equal Opportunity Employer and offers all persons the opportunity to participate in all areas of the department regardless of race, color, national origin, religion, sex, age, handicap or merit factors.

OFFICE USE ONLY
Must be completed when form is received

PF #: _____
Amount: _____
Method of payment: c/c _____
cash _____ **check #**_____
Received by: _____ **(initial)**
Date Received: _____