2015-2016
CITY OF PARMA
YOUTH BASKETBALL
REGISTRATION FORM

M / F

Participants must be Parma, Parma Heights or Seven Hills Residents ONLY – Proof of Residency Required.

FIRST NAME_____ **LAST NAME**_____

ADDRESS_____**CITY**_____**ZIP**_____

E-MAIL_____**PHONE (HOME)**_____

PHONE (CELL)_____ **BIRTHDATE**_____

GRADE_____ **SCHOOL** _____

CIRCLE SHIRT SIZE: **Adult Small** **Adult Medium** **Adult Large** **Adult X-Large**

CHECK LEAGUE YOU ARE ENTERING:

_____**3RD & 4TH GRADE** _____**5TH & 6TH GRADE** _____**7 & 8TH GRADE**

THE CITY OF PARMA BASKETBALL STAFF NEEDS THE ASSISTANCE OF VOLUNTEERS. IF YOU ARE INTERESTED IN HELPING BY BEING A COACH OR MANAGER, PLEASE CHECK HERE. ☐ **NAME:**_____

I/We hereby agree and promise to assume risk and responsibility for any and all injuries or damages due to injuries, suffered by the participant arising out of participation in activities involving said program, including but not limited to: classes, demonstrations, practices, or any other use of the premises, facilities, or equipment of the City of Parma Recreation Department, whether occurring on the premises of the City of Parma or at any other location.

I/We hereby release, indemnify and forever discharge and hold harmless the City of Parma, its employees, its directors, employees, students, agents and servants from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages or losses of any kind or description, both at law or in equity, arising out of, or in any way connected with any of the above-mentioned acts and activities.

IN WITNESS WHEREOF, I/We have set my hand and seal to this document which I/We intend to be legally binding document, on the day and year below written and understand it fully.

Be sure to notify your child's coach of any medical or other condition(s) they should be aware of.

_____ _____

Participant's Name **Parent/Guardian Signature**

FEE: $20.00 **$5.00 LATE FEE**

PLEASE MAKE CHECKS PAYABLE TO "PARMA RECREATION"