



Anderson Township Park District

2010 - 2011 Youth Basketball Registration

Please complete and send with payment to: 6915 Beechmont Ave., Cinti., OH 45230 ~ FAX with credit card payment to (513) 231-4190
Make checks payable to the Anderson Township Park District Questions? Call (513) 388-4514

Name _____ Birthdate ____/____/____

Shirt: Youth L__ Adult S__ M__ L__ XL__ Grade ____ (will be verified) School _____

Address _____ City _____ State ____ Zip _____

Parent /Guardian Name _____

Ph: Home _____ Work/Cell _____ Email _____

Are you an Anderson Resident? YES NO Do you live within the Forest Hills School District? YES NO

If you have a player/coach with whom you would like to play, please list. Requests are first come, first served.

Player Preference _____ OR Coach Preference _____

If you are interested in volunteering as head coach or an assistant, please fill out below. ATPD will conduct background checks on all coaches and assistant coaches. Background checks are a requirement to coach in this league.

Name _____ # of years experience _____ League _____

Email _____ Ph: H _____ W _____

I will be coaching with Asst./Head Coach Name _____ Ph _____

EMERGENCY INFORMATION:

Emergency contact _____ Ph _____

Physician's Name _____ Ph _____

Medical Conditions _____

Medications your child is taking _____

We hereby grant consent to any and all health care providers designated by the Anderson Township Park District to provide my child with any necessary medical care as a result of physical injury/illness. This consent includes First Aid and transportation to/from health care providers.

Child's Name _____ Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Individuals (up to 10 players) who would like to be on the same team should turn in completed registration forms and payments together. ATPD will fill additional spots with individual registrations. Registrations will not be accepted without payment.

PAYMENT INFORMATION:

Amount Paid \$ _____ Check # _____ Visa/MC # _____ - _____ - _____ - _____

3 digit security code (located on the back of card) _____ Expiration Date _____

Name on Card _____ Signature _____

I hereby grant permission for _____ to participate in the Anderson Township Park District's basketball program and do hereby release the ATPD, Forest Hills School District, and Beech Acres Parenting Center and their respective Boards, employees, agents, and instructors from all responsibility in the event of accident or injury. I knowingly assume all responsibility of participation. The undersigned agrees that their likeness or the likeness of the participant, may be photographed and that image or video may be published in an outlet used to promote the ATPD.

Parent/Guardian Name _____

Parent/Guardian Name Signature _____

* Please indicate desired league *

3rd Grade Girls

____ Rec ____ Competitive
\$92/Resident; \$113/Non-Resident

4th Grade Girls

____ Rec ____ Competitive
\$92/Resident; \$113/Non-Resident

5th Grade Girls

____ Rec ____ Competitive
\$92/Resident; \$113/Non-Resident

6th Grade Girls

____ Rec ____ Competitive
\$92/Resident; \$113/Non-Resident

7th & 8th Grade Girls

____ Recreational
\$80/Resident; \$93/Non-Resident

9th & 10th Grade Girls

____ Recreational
\$62/Resident; \$72/Non-Resident

11th & 12th Grade Girls

____ Recreational
\$62/Resident; \$72/Non-Resident

3rd Grade Boys

____ Rec ____ Competitive
\$92/Resident; \$113/Non-Resident

4th Grade Boys

____ Rec ____ Competitive
\$92/Resident; \$113/Non-Resident

5th Grade Boys

____ Rec ____ Competitive
\$92/Resident; \$113/Non-Resident

6th Grade Boys

____ Rec ____ Competitive
\$92/Resident; \$113/Non-Resident

OFFICE USE ONLY:

Date ____ Time ____ Rec'd By ____

Total Paid \$ _____

Cash ____ CC ____ Check # _____

Check Name _____

Dep'd By ____ Conf. _____