



Parks & Recreation Department

# Program Registration Form

Participant Name: \_\_\_\_\_ M or F DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

City Limits: ☐ In ☐ Out Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Jersey/Uniform Size (please circle): YXS YS YM YL AS AM AL AXL AXXL

| Program                                                                              | Start Date/Time - Deadline: Nov. 24                                                                                  | Program Fee (in-city/out-of-city) |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| Basketball 2026-2027<br>Co-ed Ages 6 - 8, Boys 9 - 10 / 11 -12,<br>Girls Ages 9 - 12 | Practices will try to Start: December/<br>Games start Jan. 9 <sup>th</sup><br>Deadline: Nov. 24 <sup>th</sup> 4:30pm | \$40/\$45                         |

*The age of the participant on January 1, 2027 is the age group in which they participate*

**TO BE PRINTED AND BROUGHT TO CITY HALL!!!!**

**Total Amount Paid \$** \_\_\_\_\_

## Waiver & Release

I understand that all recreation and athletic programs involve some risk of accident or injury. I agree to indemnify the City of Barnwell and their affiliates and to hold the City of Barnwell and their affiliates harmless from any liability, claims, demands and judgments arising at any time when I and/or my minor child participate in any of the City of Barnwell recreation programs or athletics. **Therefore, my and/or my minor child's choice to participate in any program, activity or facility, and the use of its equipment, is at my own risk, including travel or transport to and from sites used for the sport.** I understand that the City of Barnwell and their affiliates do not provide insurance for participants, nor does it assume responsibility for accidents or injuries. I also hereby grant permission to the City of Barnwell Parks & Recreation Department to use for any official purpose any photographs, video footage or any other records of program activities depicting myself or of my minor child.

## Parent / Guardian Behavior

**Any type of verbal or physical abuse or intimidation of City employees, volunteers or officials will not be tolerated. This can or will cause the immediate removal of the offender from the premises and can cause the dismissal of the child from the sport or program without refund.**

I have read and fully understand and agree to the City of Barnwell's' policies as stated above.

\_\_\_\_\_  
Participants (if 18 & over) or Parent/Guardian Signature

\_\_\_\_\_  
Date

## Statement of Accessibility

The City of Barnwell Parks & Recreation Department encourages participation by everyone! If you or a family member have special needs and would like to participant in a program or use a facility, we will be happy to make reasonable accommodations to meet your needs. Please indicate on the registration form if accommodations are needed for successful inclusion into a program in accordance with the American with Disabilities Act.

**Additional Comments/Special Accommodations:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date \_\_\_\_\_ Receipt #: \_\_\_\_\_ Total Amount Paid: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Check No: \_\_\_\_\_ CC: \_\_\_\_\_