



Brevard County Parks & Recreation—Central Area Parks Operations  
"ReCreating the Future"



## JR. MAGIC YOUTH BASKETBALL REGISTRATION FORM

### PLEASE PRINT

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### PLEASE READ CAREFULLY BEFORE SIGNING!

\_\_\_\_\_ My initials here acknowledge that I received a copy of the program rules and regulations and program discipline policy which I have read and understand.

**Media Release** (check one) I hereby ☐ give permission ☐ deny permission for release of photographs taken of my child in this program.

**Emergency Medical Release:** \_\_\_\_\_ My initials here indicate that, in the event of a medical emergency, and a parent/guardian cannot be reached, I grant permission for my child to receive emergency medical treatment by the proper authorities. Insurance Company: \_\_\_\_\_

Participant's Physician Phone: \_\_\_\_\_ Participant's Hospital Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Please indicate any other information helpful to staff concerning your child. \_\_\_\_\_

Having been informed of the activity to provide supervised recreation for boys/girls, I/we, the parents of the participant named above, do hereby give my/our approval in his/her participation in any and all of the activities. I/we assume all risks and hazards incidental to the conduct of the activity, transportation to and from the activities, and I/we do further hereby release, absolve, indemnify and hold harmless Brevard County, its agents and employees, the organizers and sponsors, any and all of them. In case of injury to my/our son/daughter, I/we hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/we likewise release from responsibility any person transporting my/our child to and from activities. By signing below I/we are also acknowledging that I/we have read, understand, and agree to the Program Rules and Regulations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PAYMENT METHOD

☐ Cash ☐ Check # \_\_\_\_\_ ☐ Credit Card Type \_\_\_\_\_

NOTES: \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_