

TALBOT YOUTH BASKETBALL LEAGUE



202 Peachblossom RD
Easton, MD 21601
410-822-0566
FAX: 410-820-4352
www.talbotymca.org
"We build strong kids,
strong families and
strong communities."

Talbot County Dept. of Parks and Recreation
10028 Ocean Gateway
Easton, MD 21601
410-770-8050
TTY: 410-822-8735
FAX: 410-822-7107
www.talbotparksandrec.com

Town of Easton Dept. of
Parks and Recreation
14 S. Harrison St.
Easton, MD 21601
410-822-2525
www.town-eastonmd.com

PARTICIPANT INFORMATION

Name of Participant: _____

Parent/Guardian (please print): _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

E-mail Address: _____

Date of Birth: _____ Age _____ M _____ F _____ Grade: _____ School _____

Medical Concerns: _____

PROGRAM INFORMATION

Age Division (circle one) **3-4 CO-ED** **5-6 CO-ED** **7-8 BOYS** **7-8 GIRLS** **9-11 BOYS** **9-11 GIRLS** **12-14 CO-ED**

Youth sizes: **S** **M** **L** Adult sizes: **S** **M** **L** **XL** Player Ability(circle one): **A** **B** **C**
(6-8) (10-12) (14-16) (A: Advanced, B: Average, C: Beginner)

Program Fee: **\$40** (Financial Assistance Available) Payment Type: _____

Check #: _____ Processed By: _____

VOLUNTEER COACH OPPORTUNITY

I would like to coach for the following age group _____.

Home Phone _____ Work Phone _____ Cell Phone _____

PERMISSION FOR PHOTOGRAPH

Occasionally, photographers will take photos of program participants for publication and on our web site.
Please check below if you have a preference for the above named participant regarding to photos.
____ YES, I give permission for the participant. ____ NO, I do not give permission for the participant.

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold all agencies, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program(s) offered by any affiliated program.

Signature: _____

Date: _____