

# TALBOT YOUTH BASKETBALL LEAGUE



Talbot County Parks & Rec  
10028 Ocean Gateway  
410-770-8050  
www.talbotparksandrec.com



Town of Easton Parks & Rec  
14 S. Harrison Street  
410-822-2525  
www.town-eastonmd.com

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## PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_

Parent/Guardian (please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ (please provide)

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade: \_\_\_\_\_ School \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

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## PROGRAM INFORMATION

Youth sizes: **S**\_\_\_\_ (6-8) **M**\_\_\_\_ (10-12) **L**\_\_\_\_ (14-16) Adult sizes: **S**\_\_\_\_ **M**\_\_\_\_ **L**\_\_\_\_ **XL**\_\_\_\_

Program Fee: **\$55** (Financial Assistance Available) Payment Type: \_\_\_\_\_

Check #: \_\_\_\_\_ Processed By: \_\_\_\_\_

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## VOLUNTEER COACH OPPORTUNITY

I would like to coach, assistant coach or team parent (circle one) for the following age group \_\_\_\_\_.

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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## PERMISSION FOR PHOTOGRAPH

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

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: \_\_\_\_\_