



# CRPD Youth Sports Basketball Registration

1100 Rhoads Avenue, Columbus, OH 43206. 614-645-3228

**Sport/ Activity** DRIVING PARK BASKETBALL  
**PARENT INFORMATION**

Name: \_\_\_\_\_ Sex: Male / Female Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
**(Required)** Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
**(Required)** Email: \_\_\_\_\_

**REGISTRANT INFORMATION (3 Children per Form)**

Child's Name: \_\_\_\_\_ Sex: M / F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ School: \_\_\_\_\_  
 Grade: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL  
 Pant Size: YS YM YL AS AM AL AXL A2XL A3XL  
 Parent/Guardian Name(s): \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Relationship (ex. Mother): \_\_\_\_\_  
 Emergency Medical Information (ex. Allergies): \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Special Considerations (ex. Player/Coach Request): \_\_\_\_\_

Last Name	First Name, M.I.	D.O.B	Male/F	Pant/Shirt	School
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____

**PARENT AND GUARDIAN VOLUNTEER OPPORTUNITIES**

Please select an area that you are willing to assist. (Check all that apply):

Coach     Assistant Coach     Score keeping     Referee/Umpire  
 Concessions Stand     Fund Raising  
 Team Parent     Banquet/ Food Donation     Other \_\_\_\_\_

**FEES AND REGISTRATION**

**LEAGUE DIVISIONS AND FEES** **COST 45.00**  
 \_\_\_ 6U AGE DIVISION    \_\_\_ 8U AGE DIVISION    \_\_\_ 10U AGE DIVISION    \_\_\_ 12U AGE DIVISION    \_\_\_ 14U AGE DIVISION    \_\_\_ 18U DIVISION

**TRANSPORTATION AND PHOTO CONSENT**

I authorize my child(ren) to ride in a Columbus Recreation and Parks vehicle or private bus transportation utilized by the City. In case of an accident, damage to property, injury or death, I will **not** hold the City of Columbus, employees or affiliates responsible. **Initial** \_\_\_\_\_  
 I authorize Columbus Recreation and Parks to use my child(ren) photos (Circle) **YES NO**

**CODE OF BEHAVIOR**

As a parent/player & volunteers, we hereby agree not to use foul, profane, or abusive language while participating or attending any Driving Park games or events. This includes any derogatory remarks made to another player, coach, referee/ umpire, or fan.  
 Parents/guardians/family members are encouraged to attend practices and games. Parents are asked to serve or volunteer to help aid and support activity. Any violation of this code may result in being dismissed from this league **without** any refund. All players are required to keep their uniforms neat and clean. All players must be in complete uniform to play a scheduled game, including hat and team shirt, pants/shorts, cleats, shoes, socks, glove or any uniform of sport indicated. **Initial** \_\_\_\_\_

**LIABILITY RELEASE**

I understand that by signing this form, I acknowledge that all sports require physical activity with inherent risks, and that my child's voluntary participation carries the risk of **Concussions**, bodily injury, including death. By signing as parent/ guardian/ caregiver I acknowledge of having read the "Ohio Dept. of Health information sheet found here; [www.healthy.Ohio.gov/concussion](http://www.healthy.Ohio.gov/concussion) and understand the risk and my responsibility to report any symptoms to coach and their physician. I have received the handout and/or reviewed the Lindsay's Law (Sudden Cardiac Arrest in Youth Athletes) found here [www.odh.ohio.gov/en/landing/Lindsays-Law](http://www.odh.ohio.gov/en/landing/Lindsays-Law). I certify that my child is physically fit to compete in all sports and related physical activities. By signing, I intend to be legally bound, do hereby, for myself, my heirs, executors, and administrator, waive release and forever discharge any and all rights and claims for damages, known or unknown, which may occur or which may hereafter occur to the athlete in connection with these activities against the City of Columbus, Recreation and Parks Department, Driving Park community center and employees, Driving Park Youth Baseball League, respective Board of Directors, coaches, officers of the City and/or the DPYBL, whether such harm or damage is caused by any act or omission or otherwise, any and all damages for which may be sustained by the athlete.

**I HAVE READ THE FOREGOING RELEASE AND THOROUGHLY UNDERSTAND IT:**

\_\_\_\_\_  
**Parent/Guardian's Signature and Date** **Player's Signature and Date (If present)**