

Are you 6-16 years old and interested in playing Fall 2/ Winter Basketball? Sign up at Driving Park to be a part of the Fall 2/Winter season. The age groups are: 6-8, 9-11, 12-13, and 14-15. These are all co-ed teams. Practices, scrimmages and games will be on Week days and Weekends. Registration is now and the season will begin January 9th Through February 24th. For more information feel free to contact Driving Park staff.

# 2016-17 DRIVING PARK FALL 2/WINTER BASKETBALL

1100 Rhoads Avenue  
Columbus, OH 43206  
(614) 645-3228



**Registration Week:**

**October 25h Through October 28th**

**Season Starts:**

**Week of January 9th. (Cost is 25.00)**

**For Practice days and time please check the program schedule Games will be TBD**

### CONCUSSION ACKNOWLEDGEMENT

By signing as parent/ guardian/ caregiver, I acknowledge of having read the "Ohio Dept. of Health concussion information sheet found here; ([www.healthy.Ohio.gov/concussion](http://www.healthy.Ohio.gov/concussion)) and understand the risk of participants and my responsibility to report any symptoms to coach and their physician.  
Signature \_\_\_\_\_

**Register in person at Driving Park during normal business hours.  
(12pm-9pm Tues-Fri. & 9am-6pm Sat.)**

### COLUMBUS RECREATION AND PARKS PARENTAL PERMISSION FORM



I, \_\_\_\_\_, my son / daughter, \_\_\_\_\_  
(Print Parent or Guardian's Name) (Print Child's Name)  
to participate with \_\_\_\_\_, and the children from \_\_\_\_\_  
Recreation Leader Recreation Center / Playground  
in \_\_\_\_\_ to be held at \_\_\_\_\_  
(Activity) (Place) CRPD Designated Location (s)  
on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
ALL Fall/Winter 2016-17 (A.M. / P.M.) to \_\_\_\_\_ (A.M. / P.M.).  
ALL Fall/Winter 2016-17

### TO BE SIGNED BY PARENT / GUARDIAN

I agree **not** to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant (s) or, injury to participant (s) sustained by participation that results from the operation of this program / activity.

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)  
\_\_\_\_\_  
(Telephone Number) (Emergency Contact Number)

### COLUMBUS RECREATION AND PARKS DEPARTMENT BASKETBALL REGISTRATION INFORMATION FORM Driving Park Community Center



Date: \_\_\_\_\_ Male/Female  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age : \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency. Contact Telephone No. (s): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Medical Info. (allergies, diabetes, etc): \_\_\_\_\_

I agree **not** to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant (s) or, injury to participant (s) sustained by participation that results from the operation of this program /activity.

(Parent or Guardian) Signature \_\_\_\_\_

AGE DIVISIONS: (6-8) (9-11) (12-13) (14-15) SHIRT SIZES: YS YM YL AS AM AL AXL AXXL