

Are you 6-16 years old and interested in playing 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 10th Through February 28th. For more Information feel free to contact Driving Park staff.

# 2014-15 DRIVING PARK FALL 2/WINTER BASKETBALL

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



Registration Week:  
October 25th Through January 6th  
Season Starts:  
Week of January 10th.

Practice will be Tuesday and Thursdays 5pm-8pm  
Games will be TBD

\* Register in person at Driving Park during normal business hours.  
This program will cost \$10

## COLUMBUS RECREATION AND PARKS PARENTAL PERMISSION FORM



I, \_\_\_\_\_, my son / daughter, \_\_\_\_\_  
(Print Parent or Guardian's Name) (Print Child's Name)  
to participate with Staff, and the children from Driving Park  
Recreation Leader Recreation Center / Playground  
in ALL Fall/Winter Activities 2014-15 to be held at CRPD Designated Location (s)  
(Activity) (Place)  
on ALL Fall/Winter 2014-15 from 9:00 (A.M. / P.M.) to 9:00 (A.M. / P.M.).

### 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 Recreation

Date: \_\_\_\_\_  
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