

Are you 6-16 years old and interested in playing Fall 2/ Winter Basketball? Sign up at Driving Park@ Moler 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 27th. For more Information feel free to contact Driving Park staff.

**2015-16
DRIVING PARK FALL 2/WINTER BASKETBALL**

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



**Registration Week:
October 27th Through January 6th
Season Starts:
Week of January 9th.**

**Practice will be Tuesday-Saturday 6pm-8:45pm
Games will be TBD**

*** Register in person at Driving Park@ Moler Elementary. Moler 1201 Moler Rd. Col, Oh 43207 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 Staff, and the children from Driving Park
Recreation Leader Recreation Center / Playground
in ALL Fall/Winter Activities 2015-16 to be held at CRPD Designated Location (s)
(Activity) (Place)
on ALL Fall/Winter 2015-16 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