

RECREATION BASKETBALL SIGN UP
3rd/4th and 5th Grade

Participant's Name: _____

Gender: MALE FEMALE

Current Grade: _____

Birthdate: _____

Parent/Guardian Name: _____

Cell Phone Number: _____

Secondary Phone Number: _____

E-Mail Address: _____

Home Address: _____

Which method of contact do you prefer? E-Mail Text

Payment: CASH CHECK (number: _____) Amount Paid: _____

Are you interested in coaching? YES NO

By signing below, the parent/guardian understands that the Galva Recreation Commission and the cities of Canton and Galva shall not be responsible for or liable for any illness, injury to person, or damage to property resulting from the program in which parent/guardian is enrolling the above participant. The parent/guardian hereby forever releases and holds harmless the Galva Recreation Commission and the cities of Canton and Galva from any and all claims of any kind that the participant, or his/her executors, administrators or assigns may have or claim to have resulting from his/her participation in said program.

Signature: _____ Date: _____

Return form with \$25 dues to CGES by Wednesday, October 26th.