

3 on 3 Basketball Tournament (6th-8th Grade)



Redwood City Parks, Recreation & Community Services | www.teamsideline/redwoodcity

PLEASE COMPLETE AND RETURN TO RED MORTON COMMUNITY CENTER- 1120 ROOSEVELT AVE, REDWOOD CITY

DATE/TIME/LOCATION: Saturday, February 8th, 2025. 10am-3pm at Red Morton Community Center.

REGISTRATION DEADLINE: Wednesday, February 5th, 2025. | CONTACT: Mike Smith 780.7254 msmith@redwoodcity.org

REGISTRATION FEE: \$30 per team

Name on Card (print)

PROGRAM #s: 6th Boys--46.186 6th Girls--46.105 7th Boys--46.187 7th Girls--46.106 8th Boys--46.188 8th Girls--46.107

INFORMATION: Divisions are broken down by grade (6th, 7th & 8th). Teams made up of players in multiple grades will play in the division of the oldest player. Divisions may be combined based on number of teams entered. Prizes awarded to division winners!

ACTIVITY REGISTRATION									
PARTICIPANT'S NAME First & Last (1 line per participant)	BIRTHDATE (mm/dd/yy)	GENDER (circle)	PROGRAM #	FEE					
1.		M/F/NB/O							
2.		M/F/NB/O							
3.		M/F/NB/O							
Permission to walk home alone? If yes, check the box.	Total Fees \$30								
Permission to walk home alone? If yes, check the box.	I wish to donate to the Youth Scholarship Fund + \$								
Permission to walk home alone? If yes, check the box.	e box. Less Credit on Account - \$ TOTAL \$								
PRIMARY CONTACT (Adult) for Player 1 COMPLETE ENTIRE FORM (see reverse for Players 2/3)									
Name	Birthdate/_	Gender (Circle on	_{e)} M F Non Bina	ry Other					
Street Address			Check box to r	eceive					
CityZip	Email Address		promotional e	mails					
Primary Phone ()Secondary Pho	one ()	Cell Phone (_)						
Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.):Emergency Contact									
Relationship to participantEmergency Days	time Ph:()	Emergency Eveni	ng Ph:()						
LIABILITY WAIVER & PHOTO RELEASE (Adult) for Player 1									
LIABILITY WAIVER (all classes require the signature of each Registering Adult or the Parent or Guardian of any Minor(s). Permission to participate in the following programs, including associated travel sponsored by the City of Redwood City Parks, Recreation & Community Services Department is given for me and/or child as named below. In consideration of participation in these programs, I hereby indemnify and hold harmless and release the City of Redwood City, its agents, its employees and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I assume all risk for any injuries, including the risk of exposure to communicable diseases as a result of my child's and/or my participation in the program. To the extent I and/or my child are participants of virtual recreation classes, I acknowledge I am responsible for ensuring my child's and/or my environment is safe/free from obstructions and that any use of third-party applications (Zoom, Microsoft Teams, etc.) is done at our own risk. I sign of my own free will. Sign Below PHOTO RELEASE: I/we agree to allow use of my/our photograph in program publicity. I have read and fully understand these policies. Initial Below									
Waiver Signature Phot	to Release Initial								
Print Name Date									
PAYMENT VISA Master and DISCOVER EXPRESS									
CREDIT CARD			СНЕСК						
Card #Exp. Date	Security Code		Payable to: CITY OF	RWC					
Signature X	· · · · · · · · · · · · · · · · · · ·		\$15 returned check for	<u>ee</u>					

PRIMARY CONTACT (Ad	ult) for Player 2					
Name		_ Birthdate _	/	Gender M	F Non Binary	Other
Street Address						
City	ZipEmail	Address			Check box to receiv promotional emails	е
Primary Phone ()	Secondary Phone ()		Cell I	Phone ()		
Cell Phone Carrier (if you wish to	receive important text alerts- ATT, Ver	izon, etc.):	E	mergency Cont	act	
Relationship to participant	Emergency Daytime Ph:()	Emergen	cy Evening Ph:()	
LIABILITY WAIVER & PHO	OTO RELEASE (Adult) for Player 2	2				
the City of Redwood City, its agents arising from or connected with the of my child's and/or my participation responsible for ensuring my child's of Teams, etc.) is done at our own risk	ned below. In consideration of participatis, its employees and volunteers working jobs programs. I assume all risk for any injurn in the program. To the extent I and/or and/or my environment is safe/free from the land of my own free will. Sign Below low use of my/our photograph in programs.	for the City, fr uries, includin my child are p obstructions o	oom any and all li ng the risk of expo participants of vir and that any use o	ability for injury so posure to commun tual recreation co of third-party app	suffered by me or i nicable diseases as lasses, I acknowled plications (Zoom, M	my child a result lge I am licrosoft
Waiver Signature	Photo Release Initial					
Print Name	Date					
PRIMARY CONTACT (Add	ult) for Player 3	Birthdate _		Gender M	F Non Binary	Other
Street Address					Check box to recei	ve 🗖
City	ZipEmail	Address			promotional email	
Primary Phone ()	Secondary Phone ()		Cell P	hone ()		
Cell Phone Carrier (if you wish to	receive important text alerts- ATT, Veri	izon, etc.):	E	mergency Conta	act	
Relationship to participant	Emergency Daytime Ph:()	Emergen	cy Evening Ph:(_)	
LIABILITY WAIVER & PHO	TO RELEASE (Adult) for Player 3	3				
in the following programs, includin is given for me and/or child as nam the City of Redwood City, its agents arising from or connected with thes of my child's and/or my participatio responsible for ensuring my child's a Teams, etc.) is done at our own risk	wire the signature of each Registering Acg associated travel sponsored by the City and below. In consideration of participation, its employees and volunteers working for a programs. I assume all risk for any injustration in the program. To the extent I and/or rand/or my environment is safe/free from control. I sign of my own free will. Sign Below ow use of my/our photograph in program	y of Redwood on in these pr for the City, fro uries, including my child are p obstructions a	I City Parks, Recriograms, I hereby om any and all lic g the risk of expoarticipants of virtud that any use o	eation & Commu indemnify and h ability for injury s sure to communi tual recreation clo f third-party appl	inity Services Depo nold harmless and suffered by me or n icable diseases as asses, I acknowled lications (Zoom, M	rrtment release ny child a result ge I am icrosoft
Waiver Signature	Photo Release Initial					
Print Name	Date					