



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

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 | | |

Total Fees \$ 30

Permission to walk home alone? If yes, check the box.

Permission to walk home alone? If yes, check the box.

Permission to walk home alone? If yes, check the box.

I wish to donate to the Youth Scholarship Fund + \$ _____

Less Credit on Account - \$ _____

TOTAL \$ _____

PRIMARY CONTACT (Adult) for Player 1

COMPLETE ENTIRE FORM (see reverse for Players 2/3)

Name _____ Birthdate ____/____/____ Gender (Circle one) M F Non Binary Other

Street Address _____

City _____ Zip _____ Email Address _____ Check box to receive promotional emails

Primary Phone (____) _____ Secondary Phone (____) _____ Cell Phone (____) _____

Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.): _____ Emergency Contact _____

Relationship to participant _____ Emergency Daytime Ph:(____) _____ Emergency Evening 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**

| | | |
|-------------------------------------|------------------|-----------------------|
| <input checked="" type="checkbox"/> | Waiver Signature | Photo Release Initial |
| | Print Name | Date |

PAYMENT



CREDIT CARD

Card # _____ Exp. Date _____ Security Code (3 or 4 digit #) _____

Signature X _____

Name on Card (print) _____

CHECK

Payable to: CITY OF RWC

\$15 returned check fee

CASH

PRIMARY CONTACT (Adult) for Player 2

Name _____ Birthdate ____/____/____ Gender M F Non Binary Other
(Circle one)

Street Address _____

City _____ Zip _____ Email Address _____ Check box to receive promotional emails

Primary Phone (____) _____ Secondary Phone (____) _____ Cell Phone (____) _____

Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.): _____ Emergency Contact _____

Relationship to participant _____ Emergency Daytime Ph:(____) _____ Emergency Evening Ph:(____) _____

LIABILITY WAIVER & PHOTO RELEASE (Adult) for Player 2

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 | Photo Release Initial |
| Print Name | Date |

PRIMARY CONTACT (Adult) for Player 3

Name _____ Birthdate ____/____/____ Gender M F Non Binary Other
(Circle one)

Street Address _____

City _____ Zip _____ Email Address _____ Check box to receive promotional emails

Primary Phone (____) _____ Secondary Phone (____) _____ Cell Phone (____) _____

Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.): _____ Emergency Contact _____

Relationship to participant _____ Emergency Daytime Ph:(____) _____ Emergency Evening Ph:(____) _____

LIABILITY WAIVER & PHOTO RELEASE (Adult) for Player 3

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**

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| Waiver Signature | Photo Release Initial |
| Print Name | Date |