MONTGOMERY COUNTY Recreation

montgomerycountymd.gov/rec
En Español 240-777-6839

2016-2017 HIGH SCHOOL WINTER BASKETBALL

Registration
Register online via ActiveMONTGOMERY.org using the course numbers below or use the form on the back of the flier.

Fees
$100 Resident
$115 Non-Resident

What time is it? Game Time! Winter Basketball registration starts on Sept. 19, 2016.
Individual registration only. Games will begin Jan. 7 - 8, 2017, All games will be played on Saturdays or Sundays, All teams are allotted one practice per week. Placement of an individual on a team is contingent upon sufficient registration to form a team and recruitment of a volunteer coach.
For more information please call 240-777-6870.

* Intermediate no select players allowed *
* Advanced unlimited select players allowed *

9th Grade

Activity #	Division	Day	Level
21464	Boys	Saturday	Advanced
21465	Boys	Saturday	Intermediate
21466	Girls	Saturday	Advanced
21467	Girls	Saturday	Intermediate

10th Grade

Activity #	Division	Day	Level
21452	Boys	Saturday	Advanced
21453	Boys	Saturday	Intermediate
21454	Girls	Saturday	Advanced
21455	Girls	Saturday	Intermediate

11th Grade

Activity #	Division	Day	Level
21456	Boys	Sunday	Advanced
21457	Boys	Sunday	Intermediate
21458	Girls	Sunday	Advanced
21459	Girls	Sunday	Intermediate

12th Grade

Activity #	Division	Day	Level
21460	Boys	Sunday	Advanced
21461	Boys	Sunday	Intermediate
21462	Girls	Sunday	Advanced
21463	Girls	Sunday	Intermediate

Montgomery County Recreation is committed to compliance with the Americans with Disabilities Act (ADA).
Please contact a Therapeutic Recreation Specialist at 240-777-6870 or rec.mainstream@montgomerycountymd.gov to request accommodations.

Active MONTGOMERY

MONTGOMERY COUNTY Recreation

SPORTS INDIVIDUAL REGISTRATION FORM

☐ Check here if this is a new address, phone number or email address. Please print. This form may be copied.

☐ Marque aquí si esta es una dirección nueva, teléfono o dirección de correo electrónico. Por favor imprima. Este formulario puede ser reproducido.

PARENT/GUARDIAN | PADRE/GUARDIÁN

Last Name | Apellido *	First Name | Nombre *	Birthday | Fecha de nacimiento (mm/dd/yy) *	Email | Correo Electrónico

Address | Dirección *	City | Ciudad *	State | Estado *	ZIP | Código Postal *

Home Phone | Teléfono de Casa *	Work Phone | Teléfono de Trabajo	Cell Phone | Celular

EMERGENCY CONTACT | EMERGENCIA CONTACTO

For participants under 18 | Participantes de-18

Name | Nombre	Relationship | Relación	Phone | Telf..

Participant's Name (Last, First) Apellido y Nombre del Participante	Birthday (mm/dd/yy) Fecha de Nacimiento (mm/dd/yy)	Sex Género	School Attending Escuela	Grade Grado	League Liga	Region/Day Región/Día	Activity Number Número	Fees* Costo *

*Non-County residents include an additional $15 per participant, per activity for Montgomery County Recreation Department activities (not applicable for Parks activities)
*Incluya $15 por participante, por actividades de Montgomery County Recreation si vive fuera del Condado (no aplica por actividades de Parques)

Total Amount Due:
Cantidad Total:

* Required Info | Información requerida

Nearest MCPS Elementary School | Escuela más Cercana_____

Special Request | Solicitud Especial_____

Requested Coach or Team | Pedido de Entrenador o Equipo_____

I am volunteering as | estoy voluntariado como : ☐ Coach | Entrenador ☐ Co-Coach | Co-Entrenador

PAYMENT | PAGO

Name on Card | Nombre en la Tarjeta	Credit Card Number | Número en la Tarjeta de Crédito	Security Code | Código de Seguridad	Expiration Date | Fecha de Expiración

Payer Address (If different than above) | Dirección del Pagador (si es diferente que la de arriba)	City | Ciudad	State | Estado	ZIP | Código Postal

☐ **Visa** ☐ **AmEx**
☐ **MasterCard** ☐ **Discover**
☐ **Check or Money Order | Un Cheque o Giro**
Make payable to:
Hacerlo a nombre de:
ActiveMONTGOMERY

MAIL Your Completed, Signed Form to: **ActiveMONTGOMERY • 4010 Randolph Rd. • Silver Spring, MD 20902**
If paying by credit card, you may **fax** your registration form to **240-777-6818**. If you need help completing this form, please call **240-777-6840**.

Envíe su formulario completo y firmado a: **ActiveMONTGOMERY • 4010 Randolph Rd. • Silver Spring, MD 20902**
Si paga con tarjeta de crédito, puede enviar su formulario a **240-777-6818**. Si necesita ayuda para llenar este formulario, por favor llame al **240-777-6840**.

Cardholder Signature | Firma del Dueño de la Tarjeta _____ Date | Fecha _____

SIGNATURE IS REQUIRED* | *SE REQUIERE LA FIRMA

Participant or Parent/Guardian Signature | Participante o Padre/Guardián Firma _____ **Date | Fecha** _____

The participant assumes all risks associated with participation in the program; neither the County nor Montgomery Parks/M-NCPPC assumes any liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, each participant is encouraged to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County and Montgomery Parks/M-NCPPC's use of the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images, and any audio recordings made of the participant's voice in whatever way the County and Montgomery Parks/M-NCPPC desires, including television, print and Internet websites. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of the County and Montgomery Parks/M-NCPPC. If the participant is a minor, the parent of guardian approves his or her participation in the program. Neither the instructor nor any staff are responsible for children prior to or after scheduled program.

El participante asume todos los riesgos asociados con la participación en el programa; ninguno ni el Condado ni Montgomery Parks/M-NCPPC asume cualquier responsabilidad de lesiones o daños debido a su participación en el programa. Debido a la naturaleza persistente de algunas actividades se alienta a consultar con un médico, se alienta a que cada participante consulte con su doctor sobre su capacidad física de participar en el programa. El participante consiente el tratamiento de emergencia. El participante también consiente que el Condado y Montgomery Parks/M-NCPPC's utilice las imágenes del participante y la posibilidad de mostrar fotografías videos, películas o imágenes electrónicas, y cualquier grabación de audio que se haga de la voz del participante en cualquier forma que el Condado y Montgomery Parks/M-NCPPC desee, incluyendo televisión, impresos, páginas del internet. Además, el participante consiente que las fotos, películas, grabaciones, imágenes electrónicas serán propiedad única del Condado.