

Heatwave Basketball Registration

Free Program

Group (please check one; grade as of 2022): Middle school grade 6 7 8
High school grade 9 10 11 12

Verification of age (please present one of the following to a city official when turning in registration form):

Birth certificate State of Florida ID card School ID with 2022-2023 date

City official signature: _____ **Date:** _____

Participant Name: _____ Gender*: _____ Race*: _____ Age: _____ DOB: ____/____/____

Address: _____ City: _____ Zip Code: _____

School Participant Attends: _____ Grade: _____

Parent/Guardian Name: _____ Phone #: _____

Place of employment: _____ Work phone #: _____

Email Address: _____ Additional phone #: _____

*This information is used solely for tracking the diversity of participation in our programs.

In case of emergency, notify: _____ **Phone #:** _____

Team Name (n/a if signing up as an individual): _____

(List team name if known; team names are subject to approval)

Participation Agreement

I agree that this instrument is for registration and not for insurance coverage. I give my child permission to participate in all programs and activities conducted by the City of Gainesville Parks, Recreation and Cultural Affairs Department, including field trips. I am fully aware of the risk inherent and hereby release the City of Gainesville, any employees, any of its elected or appointed officials or volunteers from any and all liability, claims, including attorney's fees and costs, and injuries which may be sustained by me or my minor children on account of their participation in said programs or associated activities and events. It is understood that the City of Gainesville Parks, Recreation and Cultural Affairs Department reserves the right to dismiss any participant for just cause. I further agree to return any and all property issued to me, upon the expiration of this activity, or whenever I have ceased participating in this activity. I will pick my child up from program or activity if the staff determines it necessary for the safety of my child, other participants and/or staff. I give my permission for my child to be photographed and those photographs with child's name to be used for publicity purposes for the City of Gainesville Parks, Recreation and Cultural Affairs Dept.

Signature of Participant: _____ Date: _____

(If participant is under 18 years of age, a parent/guardian signature is required)

Signature of Parent/Guardian: _____ Date: _____

We'd like your feedback: Does your child participate in fall tackle football? Yes No

How did you hear about Heatwave? _____

Register Monday-Friday, 8 a.m.-5 p.m. at:
PRCA Admin Office, Thomas Center, Bldg. B, 3rd floor or Martin Luther King Jr. Multipurpose Center
306 NE Sixth Ave. 1028 NE 14th St.
352-334-5067