



Activity Registration



HOUSEHOLD LAST NAME

Parent/Guardian FIRST NAME

MAILING ADDRESS

CITY

ZIP

PHONE: HOME ()

WORK ()

EMERGENCY ()

VISA

MC

Email address: _____

CASH

CHECK

CHECK # : _____

REC'D BY: _____

PARTICIPANT INFORMATION

First Name	Last Name	DOB	gender	Activity Name	Activity #	Fee
		/ /	M F			
		/ /	M F			
		/ /	M F			
		/ /	M F			

PARTICIPANT RELEASE

TOTAL FEE: _____

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its agents or employees, from liability for any injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities

SIGNATURE: _____

DATE: _____

ADULT 5 ON 5 BASKETBALL LEAGUE 2015-2016

Revised 01/05

Team Name _____

Manager Name _____

Email _____

(Please note: all registrations and notifications will be sent out via email)

Check <input checked="" type="checkbox"/>	League	Day	Activity #	Fee
	Men's Rec	Monday	303301-T	\$300
	Men's Comp	Tuesday	303302-T	\$300
	Women's	Thursday	303303-T	\$300

Registration Deadline is November 15th

G  T
GAME ?

**THEN
BRING IT TO
BHRC**



Season Highlights

-  10 league games
-  Single elimination tournament on regular league night
-  Season begins in Dec
-  Season-end tournament in Feb/March
-  Team Awards for 1st –3rd
-  Individual awards 1st place



REGISTER BY NOV. 15th

For more information call 874-0923
or email whitnee@cityofdelta.net