



COMMUNITY & RECREATION CENTER  
AT BOYCE MAYVIEW PARK

## Complete Players Team Basketball Prep Registration Form

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Guardian's Name *(if under 18)* \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Email \_\_\_\_\_

### Participant Skill Level:

Low

Moderate

High

### Position Most Frequently Played:

Point Guard

Shooting Guard

Small Forward

Power Forward

Center

### Please list your goals for these lessons:

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### Program Information

#### Payment

All payments for sessions must be made in advance of training at the main control desk located in the lobby.

#### Session/Rescheduling

Should the instructor cancel a session, the participants will not be charged and the session will be rescheduled based on participant/trainer availability.

#### Timely/Prompt Arrival

Session will start promptly at designated time. Participants who arrive late will not be provided with additional training time outside of designated session end time.

#### Refunds

The Community & Recreation Center at Boyce Mayview Park personal basketball skill instructions packages are non-refundable. Before committing, please be sure the services match your needs.

***Please Complete Waiver on Reverse***



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## Training Waiver

In agreeing to participate with the Community & Recreation Center at Boyce Mayview Park, I agree to waive, release and discharge the C&RC and its officers, agents, employees, representative, executors, and all others from any and all responsibility or liability for injuries or damages resulting from participating in any activity in the program.

I understand all of the policies and procedures that are instituted by the community recreation center.

I understand I have the opportunity to discuss my specific needs with my trainer at any time.

I acknowledge the risks that are associated with the activities of the program and assume the risks, and agree to accept the responsibilities for any injuries. I understand that injury can arise from:

- Use of the equipment
- Participation in the assessment phase as well as the program
- Incidences that may occur within the C&RC

*We recommend that all clients receive a physical examination with their primary physician before starting training sessions.*

**After reading the above statements and having the opportunity to ask questions. I waive all liability and responsibility of the C&RC and the Basketball Instruction Training Staff. I understand my risks and fully accept responsibility for my participation in the personal training program.**

\_\_\_\_\_  
Participant's name (Print)

\_\_\_\_\_  
Participant's signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's signature (if under 18)

Date: \_\_\_\_\_