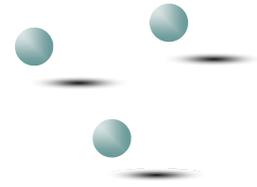




Senior Basketball



Who: **Anyone 60 Years and older**

Days: **Monday & Wednesday**

Time: **10:30 am—Noon**

Session 1

Dates: **March 14 - April 13**

Activity Fee: **\$10**

Session 2

Dates: **April 25 - May 25**

Activity Fee: **\$10**

Where: **John W. Pitts Recreation Center (Schutte Park)**

Register in person at the John W. Pitts Recreation Center

Brought to you by:

City of Dover Parks & Recreation

John W. Pitts Recreation Center
10 Electric Avenue
Dover DE 19904

Phone: 302-674-7541
Email: parks@dover.de.us
Web: www.cityofdover.com/parks-recs-home



ACTIVITY REGISTRATION FORM

Please read the Registration Highlights on the Information Page before registering.

ADULT PARTICIPANT/CHILD (UNDER 18) GUARDIAN INFORMATION				<i>Please print and fill out completely</i>	
First Name	MI	Last Name	Date of Birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Dover Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/>	
Mailing Address				Yes, send me email updates to:	
<input type="text"/>				How did you hear about us:	
City	State	Zip	Parent/Guardian	Date of Birth	Friend Website Program Guide Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Primary Phone Number		Secondary Phone Number		Does your child have any allergies?	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	

PARTICIPANT # 1

First Name	MI	Last Name	Sex	Birth Date (mm-dd-yy)	Age	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>				

ACTIVITY #	ACTIVITY NAME	ACTIVITY FEE
BB	Senior Basketball Session ____	\$10
<input type="text"/>	<input type="text"/>	<input type="text"/>

Membership Card Issued, Card #:

Payment Amount & Type	
Total Due: _____	Checks to: City of Dover
Payment Amount & Type	
Cash	Check MC/Visa/Disc Other <i>Please circle</i>

Submit your registration by in person at
 City of Dover Recreation, 10 Electric Ave., Dover, DE 19904

RELEASE STATEMENT:

I understand that the City of Dover provides no medical coverage for participants unless specified, and that all bills which may be incurred as a result of an activity-related injury are my responsibility. I hold harmless the City of Dover and all other parties involved in the conduction of these activities. I agree that any photographs taken during the event shall become and remain the property of the City of Dover, and that the City of Dover shall have the right to use such photographs and/or films whenever so desired free of any claims on my behalf.

 Signature of adult participant /If under 18, parent/legal guardian Date

If you would like to participate in these activities and need disability related accommodations, please call 736-7050. You may reach TTY/TDD operator services by dialing 1-800-855-1155.