



The City of Frederick Parks & Recreation Department
PROGRAM REGISTRATION FORM
Women's Basketball – Fall 2017

Team Name: _____

Contact Name: _____

Street Address _____ City _____ State _____ Zip _____

E-mail _____ Phone (H) _____ (Cell) _____

Team Name	\$300 (All Participants)

Check or Credit Card only.

Total Amount Due \$ _____

Checks made payable to "The City of Frederick"

Credit Card Information:

Card Holder Name: _____

Signature: _____

Visa Master Card Account Number: _____ 3 Digit V code: _____ Exp. Date: _____

Authorization for use of Photographic likeness: I agree to allow the City of Frederick Recreation Department to take and utilize photos, slides and video images of the above registered individual(s) for the purpose of promotion and publicizing of the Department's programs. IF I prefer to not allow the above registered individual(s) to be photographed, I will call the Recreation Department at 301-600-1492 to inform them of this request.

 (Parent / Guardian's signature if participant is under 18 years of age)

 Date