

JC Parks Stars Indoor



Basketball & Bowling Participation Form

This form must be turned in before any athlete attends their first practice. Payment for state games will be due at a later date.

Athlete Information:

Name: _____ M or F
 Address: _____ City: _____ Zip Code: _____
 Phone: (Home) _____ (Work) _____ (Cell) _____
 DOB: ____ - ____ - _____ Email: _____

Parent/Guardian or Staff (where athlete resides)

Primary: (Full Name) _____ Email: _____
 Address: _____ City: _____ Zip Code: _____
 Phone: (Home) _____ (Work) _____ (Cell) _____

Secondary: (Full Name) _____ Email: _____
 Address: _____ City: _____ Zip Code: _____
 Phone: (Home) _____ (Work) _____ (Cell) _____

What sport(s) are you participating in? Bowling Basketball

Activity Number	SOMO State Activity	SOMO Fee
907463 - 01	Sport Only (no lodging)	\$30
907463 - 01 & 02	Sport and Lodging	\$60
Bus Trips - Area, Regional and State		
907463-location	Bus Transportation	\$10/trip

THIS FORM MUST BE TURNED IN BEFORE OR AT YOUR FIRST PRACTICE

Fees will be updated in your account at JC Parks based on the state fees and any trips you take using the bus transportation we secure.

Chaperone attending with athlete? Yes No

If yes, chaperone name and contact info: _____
 (Chaperone must have a Class A on file with SOMO)

SOMO State Outdoor Games - March 20-22, 2020 (St. Charles)

Payment for State Fees are DUE BY: March 13, 2020

_____ I would like to make a donation toward the charter bus for the trip to St. Joseph for the State Games (amount \$ _____)
 *this donation must be made separately and made out to the Jefferson City Parks and Recreation Foundation

Payment Method: Mail or drop-off payment **AND** this form to: Jefferson City Parks and Recreation, 1299 Lafayette St., JC, MO 65101

Cash: (enclosed) _____
 Check: (enclosed) _____
 Credit Card: Type: _____ Card #: _____ - _____ - _____ Exp. Date: ____ / ____ / ____
 CVV _____

The undersigned releases the Jefferson City Parks and Recreation Commission, the Jefferson City Department of Parks and Recreation and its staff, the City of Jefferson, and activity co-sponsors from all liability. Any falsification on registration information will result in dismissal from the program with no refund allowed. The Department of Parks and Recreation has my permission, both during and anytime after to use the likeness, name, voice, or words of the participant in either television, radio, film, newspapers, and the media, and in any form for the purpose of advertising or communicating the purposes and activities of the Department of Parks and Recreation.

Signature: _____ Date: ____ - ____ - ____

Cancellation Policy: As per Special Olympics MO guidelines, registrations that are not cancelled at least two weeks prior to the event will be liable for the entire registration fee.