

PALM BAY RECREATION

LATE NIGHT BALLIN'



TONY ROSA COMMUNITY CENTER

1502 PORT MALABAR BLVD. NE, PALM BAY, FL 32905

2ND FRIDAY EACH MONTH*

**Depending on gym availability, staffing, and holidays*

JUNE 9

JULY 14

AUGUST 11

SEPTEMBER 8

OCTOBER 13

NOVEMBER 17 (3rd Friday)

DECEMBER 8

8 PM - 11 PM**

***Last entry at 9 PM*

All participants must take part in a short 10 to 15 minute presentation by a guest speaker at 9:15 PM before continuing with basketball activities until 11 PM

AGES 13 - 18

Bring your ID! Basketball shoes required!



(321) 952-3443



www.PlayPalmBay.org



Date: _____

Program Participant Waiver

Late Night Ballin'

Participant Last Name _____ First Name _____

Birthdate _____ Age _____

Address _____

City _____ State _____ Zip Code _____

I assume all risks and hazards incidental to any and all recreation activities including transportation from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, sponsors, supervisor, participants and persons transporting the registrant to and from activities, for any claim arising out of injury to the participant.

I also grant permission to Palm Bay Recreation Department representatives to authorize and obtain medical care from any licensed physician or hospital and/or medical clinic should registrant become ill or injured while participating in recreation activities away from home, or at other times when neither parent or guardian is available to grant authorization for emergency treatments.

I agree to pay for any and all damages done by registrant, with exception of normal use to equipment, supplies and/or other property under authority of the Palm Bay Recreation Department.

I understand the rules prescribed above and agree to abide by disciplinary action which may be incurred.

Parent/Guardian Name (if under 18)

Parent/Guardian Signature

Parent/Guardian Phone Number _____

Alternate Phone Number _____

Parent/Guardian Email Address _____

Parent/Guardian Address **Same as Participant's Above**

Parent/Guardian Address (if different) _____

