



# 3 on 3 Basketball Tournament (6th-8th Grade)

Redwood City Parks, Recreation & Community Services | [www.teamsideline/redwoodcity](http://www.teamsideline/redwoodcity)



**PLEASE COMPLETE AND RETURN TO RED MORTON COMMUNITY CENTER- 1120 ROOSEVELT AVE, REDWOOD CITY**

**DATE/TIME/LOCATION:** Saturday, February 7th, 2026. 10am-3pm at Red Morton Community Center.

**REGISTRATION DEADLINE:** Wednesday, February 4th, 2026. | **CONTACT:** Mike Smith 780.7254 [msmith@redwoodcity.org](mailto:msmith@redwoodcity.org)

**REGISTRATION FEE:** \$30 per team

**PROGRAM #s:** 6<sup>th</sup> Boys--46.186 6<sup>th</sup> Girls--46.105 7<sup>th</sup> Boys--46.187 7<sup>th</sup> Girls--46.106 8<sup>th</sup> Boys--46.188 8<sup>th</sup> Girls--46.107

**INFORMATION:** Divisions are broken down by grade (6th, 7th & 8th). Teams made up of players in multiple grades will play in the division of the oldest player. Divisions may be combined based on number of teams entered. Prizes awarded to division winners!

## ACTIVITY REGISTRATION

PARTICIPANT'S NAME First & Last (1 line per participant)	BIRTHDATE (mm/dd/yy)	GENDER (circle)	PROGRAM #	FEE
1.		M / F / NB / O		
2.		M / F / NB / O		
3.		M / F / NB / O		

Permission to walk home alone? If yes, check the box.  
 Permission to walk home alone? If yes, check the box.  
 Permission to walk home alone? If yes, check the box.

Total Fees \$ 30

I wish to donate to the Youth Scholarship Fund + \$       

Less Credit on Account - \$       

TOTAL \$       

## PRIMARY CONTACT (Adult) for Player 1

## COMPLETE ENTIRE FORM (see reverse for Players 2/3)

Name \_\_\_\_\_ Birthdate    /    /    Gender    (Circle one) M F Non Binary Other

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_ Check box to receive promotional emails

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.): \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Emergency Daytime Ph:(\_\_\_\_) \_\_\_\_\_ Emergency Evening Ph:(\_\_\_\_) \_\_\_\_\_

## LIABILITY WAIVER & PHOTO RELEASE (Adult) for Player 1

**LIABILITY WAIVER** (all classes require the signature of each Registering Adult or the Parent or Guardian of any Minor(s). Permission to participate in the following programs, including associated travel sponsored by the City of Redwood City Parks, Recreation & Community Services Department is given for me and/or child as named below. In consideration of participation in these programs, I hereby indemnify and hold harmless and release the City of Redwood City, its agents, its employees and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I assume all risk for any injuries, including the risk of exposure to communicable diseases as a result of my child's and/or my participation in the program. To the extent I and/or my child are participants of virtual recreation classes, I acknowledge I am responsible for ensuring my child's and/or my environment is safe/free from obstructions and that any use of third-party applications (Zoom, Microsoft Teams, etc.) is done at our own risk. I sign of my own free will. **Sign Below**

**PHOTO RELEASE:** I/we agree to allow use of my/our photograph in program publicity. I have read and fully understand these policies. **Initial Below**

<input checked="" type="checkbox"/> Waiver Signature	Photo Release Initial
Print Name	Date

## PAYMENT



CREDIT CARD

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ (3 or 4 digit #) \_\_\_\_\_

Signature X \_\_\_\_\_

Name on Card (print) \_\_\_\_\_

CHECK

Payable to: CITY OF RWC

\$15 returned check fee

CASH

## PRIMARY CONTACT (Adult) for Player 2

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M F Non Binary Other  
(Circle one)

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_ Check box to receive promotional emails

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.): \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Emergency Daytime Ph:(\_\_\_\_) \_\_\_\_\_ Emergency Evening Ph:(\_\_\_\_) \_\_\_\_\_

## LIABILITY WAIVER & PHOTO RELEASE (Adult) for Player 2

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Waiver Signature	Photo Release Initial
Print Name	Date

## PRIMARY CONTACT (Adult) for Player 3

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M F Non Binary Other  
(Circle one)

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_ Check box to receive promotional emails

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.): \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Relationship to participant \_\_\_\_\_ Emergency Daytime Ph:(\_\_\_\_) \_\_\_\_\_ Emergency Evening Ph:(\_\_\_\_) \_\_\_\_\_

## LIABILITY WAIVER & PHOTO RELEASE (Adult) for Player 3

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