

Blooming Grove Recreation Basketball
Registration/ 2016-2017 Season

(No refunds unless the program is cancelled by the Town of Blooming Grove Recreation Dept.)

PARENT NAME(S): _____ **Home Phone #:** _____

Cell Phone #: _____ **EMAIL ADDRESS:** _____

Street Address: _____

Town: _____ , NY **Zip Code:** _____

EMERGENCY CONTACT (NAME/PHONE#): _____

<u>PLAYER NAME(S)</u>	<u>Date of Birth</u>	<u>Grade</u>	<u>Shirt Size (Adult)</u>

Volunteer as a Coach? (If yes, enter your name) _____

Volunteer as a Team or Hall Monitor? (If yes, enter your name) _____

Does your family have Medical Insurance? **Yes** **No**

Liability Release- Parent/Guardian Responsibility

- In case of injury, it is the responsibility of the parent/guardian to immediately notify the League Director or Coach.
- AS A CONDITION OF MY CHILD PARTICIPATING IN THE BLOOMING GROVE REC. BASKETBALL LEAGUE, I HEREBY WAIVE ALL THE CLAIMS FOR INJURY OR LOSS TO MY CHILD'S PERSON OR PROPERTY RESULTING FROM SAID PARTICIPATION IN ANY ACTIVITY CONNECTED WITH BLOOMING GROVE REC. BASKETBALL.
- I HEREBY RELEASE AND AGREE TO HOLD HARMLESS FROM LIABILITY BLOOMING GROVE REC. BASKETBALL LEAGUE, THE TOWN OF BLOOMING GROVE, THE OFFICERS, EMPLOYEES AND VOLUNTEERS THEREOF, OR ANY OTHER PERSON OR ORGANIZATION THAT IS CONNECTED WITH THE ACTIVITIES OF BLOOMING GROVE REC. BASKETBALL.

I have read and agree to the above terms and conditions.

Parent/Guardian Sign

Date

(BG Rec. Use only)

DATE REC'D:

CHECK/M.O#:

REC. #:

AMT REC'D:

CASH:

TEAM: