

RECEIPT # \_\_\_\_\_

CA/CK AMT \_\_\_\_\_

**2019  
SENECA FALLS PARKS & RECREATION  
MODIFIED DIVISION BASKETBALL REGISTRATION FORM**

**PLEASE PRINT!**

PLAYERS NAME \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_ ( Present)

ADDRESS \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ GRADE \_\_\_\_\_ (as of Sept.'18)

CONTACT PHONE# \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PARENT/GUARDIAN INFO:**

NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE#(DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_ PHONE#(DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_

**\*FAMILY E-MAIL ADDRESS:** \_\_\_\_\_

(WE USE E-MAIL TO CONTACT YOU FOR ALL PROGRAM INFO & UPDATES-INCLUDING WEATHER RELATED CANCELLATIONS & LAST MINUTE SCHEDULE CHANGES.PLEASE CHECK OFTEN)

**PARTICIPANT SHIRT SIZE: (CIRCLE ONE)    X-SMALL    6-8    10-12    14-16**

***I REALIZE THE SUCCESS OF MY CHILD'S PROGRAM IS POSSIBLE ONLY THROUGH VOLUNTEER PARENTAL SUPPORT. I WILL HELP AS A VOLUNTEER COACH:***

VOLUNTEER'S NAME \_\_\_\_\_ LEAGUE: **MODIFIED DIVISION**

**COACHES T-SHIRT SIZE: (CIRCLE ONE)    SM    MED    LG    XLG    XXLG**

ANY KNOWN FOOD ALLERGIES: \_\_\_\_\_

**LIABILITY WAIVER**

I the undersigned, agree to let my child participate in the Seneca Falls Parks & Rec Commission's **BASKETBALL LEAGUE** program mentioned above. I understand and agree that the TOWN of SENECA FALLS, SENECA FALLS PARKS & REC COMMISSION, ASSOCIATED DIRECTORS, MANAGERS, COACHES and OTHER ORGANIZERS shall in no way be held liable for any injury received at any game or practice, or in going to or from any game or practice. I understand that it shall be my responsibility to transport my child to and from all games and practices.

BASKETBALL is a sport involving extensive running, contact and other physical exercise. I understand it is my responsibility, through consultation with our family physician, to ensure that my child is fit to participate in this program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above-named program. I further release, absolve, indemnify and hold blameless the SENECA FALLS RECREATION CENTER & PARKS COMMISSION or any of the personnel appointed by that COMMISSION or the TOWN OF SENECA FALLS.

DATE

SIGNATURE OF PARENT/GUARDIAN

**DELIVER OR MAIL COMPLETED FORM AND CASH OR CHECK PAYMENT TO: SENECA FALLS REC & PARKS, 35 WATER ST.**

**VISIT US ON THE WEB AT [WWW.SENECAFALLS.COM](http://WWW.SENECAFALLS.COM) or Facebook (Seneca Falls Recreation)**