

2017 Fitzwilliam Recreation Basketball Registration Form

Registration fee \$30 per child/ \$25 per family member/ \$20 per family member (family cap at \$75)

Check amount \$ _____ Cash amount \$ _____

Child's first name _____

Child's last name _____

Parent's name _____

Address _____

Home phone _____

Cell phone _____

Email address _____

Emergency contact _____

Emergency phone _____

Child's DOB _____ Current grade ____ Shirt Size ____

Special Considerations _____

The success of the Fitzwilliam Recreation Programs depends on parental involvement. Volunteer assistance is needed in the following areas. Please check where you can help.

coach

referee

assistant coach

score keeper (if applicable)

RECREATION DEPARTMENT/COMMISSION
Release and Waiver of Liability and Indemnity Agreement

In consideration of the permission granted to the participant named below to participate in the Basketball Program, I/We SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Town of Fitzwilliam Recreation Department/Commission, their agents and employees from all liability for any and all loss and damage, and any claims or demands thereof on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the Town of Fitzwilliam Recreation Department/Commission, its agents and employees or otherwise while the named participant participates in the Basketball Program.

I/We further agree to indemnify the Town of Fitzwilliam Recreation Department/Commission, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage, which the Town of Fitzwilliam Recreation Department/ Commission, their agents and employees become legally obligated to pay including reasonable attorney's fees and costs, as a result of claims, demands, costs or judgments, against the Town of Fitzwilliam Recreation Department/Commission, their agents and employees on account of injury to the person or property or resulting in the death of the named participants whether or not caused by the negligence of the Town of Fitzwilliam Recreation Department/Commission, their agents, or employees and whether or not such liability is sole, joint or several.

I/We am/are aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to the Town of Fitzwilliam Recreation Department Commission that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/we assume the risk of participating.

I/We understand that the above program involves traveling to various activity sites. I/We will accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnify and hold harmless any persons providing such transportation.

I/we understand that in case of injury, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I/we understand that I/we are responsible for damaged or lost equipment. I/we understand that damage assessment, lost equipment or late return will result in a bill. Values will be determined at repair or replacement cost.

I/we the parent/legal guardian, the undersigned, have read this release and understand all of its terms. I/we execute it voluntarily and will full knowledge of its significance. I/we have executed this release on this date indicated next to my/our name.

Parent/Guardian Signature

date