

**Village of Montgomery Recreation Basketball Registration Form**

Complete One Form For Each Player    <http://www.villageofmontgomerybasketball.net>

(Please Print)

Child's Name \_\_\_\_\_ Male / Female Grade \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell(1) \_\_\_\_\_ Cell(2) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph. \_\_\_\_\_

Email (Please print clearly) \_\_\_\_\_

Any Special situations we should be aware of (see Important Notice below) :

Child's Height \_\_\_\_\_ Weight \_\_\_\_\_ Chest \_\_\_\_\_ Waist \_\_\_\_\_

Circle your child's T-Shirt Size(choose wisely):

YOUTH - Small (6-8)      Medium (10-12)      Large (14-16)      Other \_\_\_\_\_

ADULT - Small (34-36)      Medium (38-40)      Large (42-44)      X-Large (46-48)

**In order for this league to work, volunteers will be needed for coaching and refereeing. Coaching and Refereeing clinics will be provided. Even if you have not had experience in coaching or refereeing, we can provide you with the basic knowledge so that you and your players will have a rewarding experience.**

Name \_\_\_\_\_ **Coaching**                      **Refereeing**

**Important Notice:** Please be advised that the Village's Recreation Program is being conducted for the general benefit of the community. Entering your child in the program or advising us of any special situations will help us in running the program. It is however, impossible for the Village of Montgomery and the Valley Central School District to guarantee the health and safety of every child in the program or that all Village employees and program volunteers will have knowledge of each and every special situation. The expense of liability insurance would preclude the Village Of Montgomery and Valley Central School District from having this recreational program for the general benefit of the community if a special relationship was legally established with each child. If you do not wish to abide by these limits on liability, PLEASE DO NOT ENTER YOUR CHILD.

In consideration of the Village granting and continuing permission for use of its facilities and personnel, I hereby authorize my child, whose name appears above, and hereby release the Village of Montgomery, Valley Central School District, its employees and volunteers from any liability, claims, damages or expenses sustained by my child in connection with such participation. In case of injury while at the program, I give permission for my child to be taken to a hospital for treatment (to include evaluation for injuries, x-rays) and any needed care. I understand the group leader will try to contact me in case injury occurs. I have explained to my child that she/he is to obey the volunteer coaching staff and to follow the rules, regulations set by them, the Village and the facilities.

\_\_\_\_\_ Date \_\_\_\_\_

(parent or legal guardian signature)

Mail with check \$50 "Village of Montgomery" - Bruce Chapin, 2447 St. Rt. 17K, Montgomery, NY 12549