

PONAGANSET BASKETBALL ASSOCIATION

Foster/Glocester Boys and Girls Basketball

\$15.00 League Fee

\$30.00 Family Max

NAME _____ SCHOOL _____

TOWN _____ GRADE _____ AGE _____

ADDRESS _____

HOME PHONE _____ DATE OF BIRTH _____

EMERGENCY PHONE _____

HEIGHT: ___ tall – average – short for age WEIGHT: _____

**ANY OTHER IMPORTANT INFORMATION _____

The league's success is greatly dependent upon parent help. Please check to what capacity you feel you might be willing to contribute.

1. Head Coach _____ 2. Assistant Coach _____

Because of the high cost of group injury insurance, the recreation department would not be able to offer these programs unless each participant, or his or her parent, signs a liability release form.

The undersigned, being a parent/legal guardian of the undersigned minor prospective athlete, hereby acknowledges that said student seeks to participate on the Foster/Glocester Recreation sponsored basketball program. The undersigned specifically acknowledges that a risk of injury exists and assumes said risk and all insurance costs with respect to practicing for or participating in any contest.

RELEASE

NAME OF STUDENT _____ GRADE _____

BIRTH DATE _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE SIGNED _____

***PLEASE CHECK OFF ANY DAY THAT YOU **CANNOT** PRACTICE

(practices will be one hour long between 6:00pm-9:00pm)

Mon. _____ Tues. _____ Wed. _____ Thurs. _____

Please mail completed form to: 146 Saw Mill Hill Rd. Sterling Ct. 06377

Forms need to be received by October 7th 2011