

**West Rutland Recreation Department
Registration Form
Basketball 2021-2022 Season
Circle team/Age Group**

Registration Deadline: November 1, 2021

U6 (Pre-K & Kindergarten) \$20	U8 (1 st and 2 nd Grade) \$20	U10 (3 rd and 4 th Grade) \$20	U12 (5 th and 6 th Grade) Skills & Drills only \$20	I want the right size Basketball +\$12
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(NON-RESIDENTS: PLEASE ADD \$10 (\$20 FAMILY CAP). CASH or CHECKS ONLY. MAKE CHECKS PAYABLE TO "TOWN OF WEST RUTLAND" & DROP OFF AT THE WEST RUTLAND TOWN HALL. DO NOT DROP FORM & PAYMENT OFF AT SCHOOL.)

Name of player _____ Date of Birth _____

Address _____ Phone # _____

Grade _____ Sex _____ Size for T-Shirt: Youth sm(6-8) _____ med(10-12) _____ lg(14-16) _____
Adult sm _____ med _____ lg _____ xlg _____

Mother's Name _____ Phone# _____

Father's Name _____ Phone# _____

Emergency Name _____ Phone# _____

I post information to Facebook (FB). Please indicate the best way to reach you if you are not on FB

Does your child have any allergies _____ If so, explain _____

Limitations (if any) _____

Who, other than parents, has permission to pick child up? _____

Informed consent

I, the undersigned agree and understand that:

1. Participation in this activity can be hazardous and may result in injury, and participation is potentially dangerous to myself and others.
2. I also certify that I am physically capable of participating in this activity.
3. Further, I agree that in consideration for permission to participate in the West Rutland School/Town sponsored programs, I assume all risks of injury incurred or suffered while School/Town premises while participating in programs.
4. **RELEASE:** In consideration of your accepting this application in the West Rutland School/Town Program, I hereby release myself, my heirs, executors, and administrators, Waive and release any and all rights and claims for damages I may have against the School/Town of West Rutland, the West Rutland Recreation/School Department, their Agents, representatives, and assigns for any and all injuries suffered by me in this program.
5. As a matter of caution, the Department strongly recommends that you have accident and health insurance in force when you take part in a Town of West Rutland recreation/school program.
6. I am fully aware and understand that transportation for away games is to be provided by parents.
7. I grant West Rutland Recreation Department permission to use pictures or video of my child including but not limited to the Town's website and Facebook pages to promote their programs.
8. I have read the above informed consent, understand them and agree to abide by them.

Signature of parent/guardian

Month Day Year

West Rutland Recreation Department, Steve Pietryka – Director
35 Marble Street, West Rutland, VT 05777 438-2263 phone 438-5133 fax

Parent volunteers are needed for coaching and officiating. Please list below what you are willing to help with. Thank you!

Name: _____ Interest: _____