

# 2011-2012 WESTSIDE BOYS & GIRLS BASKETBALL PROGRAM

Girls Ages 8-12

Boys 3rd/4th grade

Boys 5th/6th grade

Saturday afternoons: December 3 -March 24 Between 12pm and 5pm (Determined by number of players)  
4 practices and 11 games. All games are played in Sweden.  
No games December 24, 2011 or December 31, 2011

Sponsor: Kendall Recreation

Cost: \$35.00 (includes T-shirt) make check payable to **Town of Kendall**  
**Add \$5.00 per program for each non-resident player**  
**(\*It is possible to be located in the Kendall School District and not be a Town of Kendall resident. Please be sure to check your residency.)**



Location: Sweden/Clarkson Recreation Center, 4827 Lake Rd, Brockport  
Information: Contact Barbara Flow @ 659-9184  
PO Box 474  
Kendall, NY 14476

**\* REGISTRATION: WEDNESDAY, NOVEMBER 9, 2011 7:00 - 8:00 PM, Kendall Town Hall, 1873 Kendall Rd \***  
Kendall Recreation Sports Programs are funded in part by the N.Y. State Office of Children and Family Services through the Orleans Youth Bureau.

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**PLEASE PRINT**      **Circle Shirt Size: YS YM YL AS AM AL AXL**      **Cash** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Amt** \_\_\_\_\_  
**Jersey Number Request**    1<sup>st</sup> Choice # \_\_\_\_\_ 2<sup>nd</sup> Choice # \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Town and Zip \_\_\_\_\_

Parent's Full Name(s) \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Emergency Telephone \_\_\_\_\_

Email \_\_\_\_\_

Allergy/Medical Information \_\_\_\_\_

### Parent's Release and Indemnity Agreement

In consideration of the sums of money expended by the Town of Kendall, the officers and supervisors and/or sponsors to provide for training, equipment and supervision for the minor named above, and other good and valuable consideration, the undersigned parent and guardian of said minor does forever release, discharge and covenant to hold harmless the above mentioned Town of Kendall, its officers and supervisors and/or sponsors and any other volunteer person, their heirs, administrators, executors successors and assigns, from any and all claims, demands, damage costs, expenses, loss of service action, and causes of action belonging to the said minor or to this undersigned resulting from or alleged to have resulted from the participation of said minor in Town sponsored authorized recreation activities. It is further understood that the Town of Kendall does not provide for medical/accident insurance for any of its youth recreation sports programs and it is the sole responsibility of the undersigned parent/guardian to provide such coverage. The undersigned hereby gives permission for the said minor to participate in Town sponsored authorized recreation activities under the sponsorship of the Town of Kendall.

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

Parent/Guardian Signature

This program DOES NOT provide health and accident insurance as most families already carry such coverage. Because of this, we ask that you, as a parent/guardian, recognize the element of risk and agree to assume responsibility for yourself and your children. Please provide the following information.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of Parent/Guardian whose name is on policy \_\_\_\_\_

IF YOU DO NOT HAVE HEALTH AND ACCIDENT INSURANCE, PLEASE SIGN BELOW INDICATING THAT YOU ARE AWARE THAT THE TOWN DOES NOT PROVIDE HEALTH AND ACCIDENT INSURANCE AND THAT YOU WILL BE RESPONSIBLE FOR ANY COSTS FOR INJURIES WHICH ARE SUSTAINED BY YOUR CHILD OR YOURSELF WHILE PARTICIPATING IN THIS PROGRAM.

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

Signature of Parent/Guardian (Do NOT sign if you have Health Insurance, so indicated above