# 2016- 2017 Jr. Warrior Recreational Basketball Registration Form

## FEE = $155.00

*Make checks payable to:* Wilton Parks and Recreation

Participant's Name: _____ Grade: _____

Participant's DOB: _____/_____/_____ Age: _____

Parent's Last Name: _____ Parent's First Name: _____

Address: _____ Mothers Work Phone #: _____-_____

Fathers Work Phone #: _____-_____

Home Phone #: _____-_____

Email Address: _____

League Registering For: 3rd & 4th Grade Girls *Activity #: 9211* 3rd & 4th Grade Boys *Activity #: 9212*

Please circle appropriate grade group

**Circle ONLY one (1) day and time period for your child's mandatory player assessment**

All evaluations will take place in the Cider Mill Lower Gymnasium

| | OCT. 22nd | OCT 29th |
|---|---|---|
| Girls 3rd / 4th Grade: | 8:30 AM | 8:30 AM |
| | 9:30 AM | 9:30 AM |
| Boys 3rd / 4th Grade: | 10:30 AM | 10:30 AM |
| | 11:30 AM | 11:30 AM |
| | 12:30 PM | 12:30 PM |

**Circle ONLY ONE (1) and only ONE evening the participant CAN NOT PRACTICE!:**

Monday Tuesday Wednesday Thursday Friday

NOTE: The Wilton Recreation Department will do the best we can to accommodate the requests of evening practice conflicts. There are ***no guarantees we will be able to accommodate everyone.*** Once the teams have been formulated, NO ONE will be allowed to switch teams. There will be NO EXCEPTIONS TO THIS RULE!!!

---

I understand that there are inherent risks and dangers in any and all activities including the one(s) for which I have registered for myself and/or my child/ward. I also understand that there is a heightened risk and danger for myself and/or my child/ward and others by participating in the prescribed activity. Nevertheless, I agree to defend and hold harmless and to indemnify the Town of Wilton, the Wilton Parks and Recreation Department, its members, agents, officers, and employees and any person there within from any and all claims, actions, demands, damages, costs, and loss of services, expenses, including but not limited to attorney fees, and compensation on account of, or in any way growing out of, or arising from, my and/or my child/ward's participation in the designated activities, including but not limited to, negligence claims for bodily injury, sickness, disease or death or property damage of any kind, against any and all of the aforementioned parties, whether or not such, claim, demand, damage, cost, loss or expense is caused in part by a party indemnified hereunder. The execution of this Release is done with my full knowledge and appreciation of the act and its ramifications and is free from coercion of any kind by the Town of Wilton, the Wilton Parks and Recreation Department, their members, agents, officers, and employees. I represent that I have carefully read and understand this Release and that I have entered into this Release knowingly and voluntarily after having had an opportunity to consult with my legal advisors, which I am encouraged to do by the Town of Wilton. I further understand that I am waiving substantial rights by signing this release. I further understand that I and or my child/ward may be photographed for the purpose of promotion or advertising in future brochures, newspapers, newsletters, or in the Town of Wilton website. By signing this release, I am also giving permission to the Town of Wilton to use the photos of me and/or my child/ward for any of the aforesaid purposes.

Signature: _____ Date: _____/_____/_____