



Town of Hoosick Community Center Inc,

2019-2020 Basketball Registration Form

Player 1 _____ GRADE ____ BIRTH DATE _____ M / F T size _____

Player 2 _____ GRADE ____ BIRTH DATE _____ M / F T size _____

Player 3 _____ GRADE ____ BIRTH DATE _____ M / F T size _____

Player 4 _____ GRADE ____ BIRTH DATE _____ M / F T size _____

Parent Name _____

Phone _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Emergency Contact Information: (in case parent cannot be reached)

Full Name _____ Relationship _____

Phone _____

Check the Program(s) you are registering for: (see information sheet for details)

_____ PreK 3-4 – Beginner skills and drills - \$50	Amount Due: \$ _____
_____ Grades K-2 – Skills and drills with some local games - \$75	Amount Due: \$ _____
_____ Grades 3-6 – 3 week skills and drills clinic \$25 - required if doing travel basketball	Amount Due: \$ _____
_____ Grades 3-6 – Travel basketball \$150 – CYO or local leagues	Amount Due: \$ _____

I would like to make a donation to support the Town of Hoosick Community Center:

\$50 \$25 \$10 Other \$ _____

Amount \$ _____

Total Due: \$ _____

Payment: CASH CHECK # _____ Amount Paid \$ _____

EC Fund for Town of Hoosick Youth

If you are in need of assistance for the registration fee, please contact the EC fund for Town of Hoosick Youth for information on how to apply for their fund.

Kathi Carknard 518-686-3230 Or Message on Facebook @ EC FUND for Town of Hoosick Youth Sports

To return forms by mail:

Town of Hoosick Community Center, Inc.
PO BOX 303
Hoosick Falls, NY 12090

Follow us on Facebook for weekly program updates and weather cancellations.
Town of Hoosick Community Center, Inc.



ASSUMPTION, RELEASE, WAIVER, INDEMNIFICATION, HOLD HARMLESS, AND MEDIA CONSENT
FOR
PARTICIPATION IN YOUTH CENTER PROGRAM

In consideration of being allowed to participate in the Town of Hoosick Community Center Inc. ("Youth Center") program, without respect to location, along with the payment of the fee, if any, for participation in the program, the undersigned Participant (and, in the case of a minor Participant, the undersigned Parent/Guardian of the undersigned Participant), for himself or herself and his or her personal representatives, heirs, and next of kin, hereby acknowledges, represents, and agrees:

- (1) Assumption of Risk. He or she has, or immediately upon entering or participating or allowing the Participant to participate will, inspect and carefully consider any premises, facilities and/or equipment in connection with the program. He or she finds and accepts the premises, facilities and/or equipment as safe and reasonably suited for the purpose of the program. By entering or participating or allowing the Participant to participate in the program, there is risk of injury. I knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of the Youth Center and/or its directors, officers, agents, representatives, volunteers, employees, other participants, sponsors, advertisers, and other persons ("Releasees"), and assume full responsibility for my participation and, in the case of a Parent/Guardian, for the participation of the Participant.
- (2) Program Fees. The fee paid, if any, is for allowance to participate in the Youth Center program and is not in any way for the use of any facilities.
- (3) Release, Indemnification, and Hold Harmless: I, for myself (and, in the case of a Parent/Guardian, for the undersigned Participant) and on behalf of any heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless all of the Releasees from any and all liabilities incident to my participation or, in the case of of a Parent/Guardian, the participation of the Participant in the program, even if arising from the negligence of any one or more of the Releasees, to the fullest extent permitted by law. I grant permission for the Youth Center and its officers, agents, representatives, volunteers, and/or employees to act on my behalf in case of medical emergency, consent to treatment by emergency personnel, and am responsible for all medical expenses.
- (4) Media Consent: I grant permission for myself and, in the case of a Parent/Guardian, for the Participant to be photographed, filmed, or otherwise recorded and for the Youth Center to use for any lawful purpose my image, voice, name and likeness in such photographs, film, or other recording in any digital and/or print media or other format in perpetuity without compensation to you or the Participant.

This Assumption, Release, Waiver, Indemnification, Hold Harmless, and Media Consent is intended to be as broad and inclusive as permitted by the law of the State of New York and, if any portion is held invalid, the balance shall, notwithstanding, continue in full force and effect. I have read and voluntarily sign this Assumption, Release, Waiver, Indemnification, Hold Harmless, and Media Consent and no oral representations, statements, or inducement apart from the foregoing have been made.

Participant:

Name: _____ Signature: _____ Date: _____

Parent/Guardian:

Name: _____ Signature: _____ Date: _____

