

# Youth Instructional Basketball

Office Use Only  
Ck# \_\_\_\_\_  
Date: \_\_\_\_\_

## 2<sup>nd</sup> and 3<sup>rd</sup> Grade

Date: 11/30/09-3/08/10 (every Monday)  
Time: 6:30 PM-7:30 PM  
Location: Jamestown Recreation Center  
Cost: \$25.00 per child, \$15 each additional child  
Instructor: Recreation Dept. Staff

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Email

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Contact Person Other Than Person Above

\_\_\_\_\_  
Phone Number

### Medical Information

Is there any medical condition or allergy that the Recreation Department should be made aware of prior to your child's participation in this program?

\_\_\_ YES

IF YES \_\_\_\_\_

(Please specify)

\_\_\_ NO

### **WAIVER OF LIABILITY FORM**

For participants in the Jamestown Recreation Department Youth Instructional Basketball Program: In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events") I hereby waive any liability that the Jamestown Recreation Department Youth Basketball Instructional Program, its officers, directors, trustees, agents, servants, or employees might have for, and agree that said association, its officers, directors, trustees, agents, servants, or employees shall not be liable for any bodily to my child while participating in the Youth Instructional Basketball Program, sponsored by the Jamestown Recreation Department. I realize that the Town **does not** provide medical insurance and that any injuries incurred would be my/our responsibility.

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

**Please make checks payable to Jamestown Parks and Recreation  
Mail to: Parks and Recreation Registration, PO Box 377, Jamestown RI 02835**