

# Over-35 Basketball

Office Use Only Ck# _____ Date: _____
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Date: Oct 7<sup>th</sup> – May 6<sup>th</sup> (Wednesday nights)  
Time: 7:30 PM – 9:30 PM  
Location: Lawn Avenue School Gym  
Cost: \$30.00

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

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

\_\_\_\_\_  
Street Address Town/City

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

### Medical Information

Do you have a medical condition that the Recreation Department should be made aware of prior to your participation in this program?

\_\_\_ YES IF YES \_\_\_\_\_  
(Please specify)  
\_\_\_ NO

## **Over-35 Basketball WAIVER OF LIABILITY FORM**

For participants in the Jamestown Recreation Department Over-35 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 Over-35 Basketball, 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 injury while participating in the Over-35 Basketball Program, sponsored by the Jamestown Recreation Department. I realize that the Town of Jamestown **does not** provide medical insurance and any injuries incurred would be my responsibility.

\_\_\_\_\_  
*Signature of Participant (REQUIRED)*

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