



Town of Oak Bluffs, Massachusetts
Park & Recreation Department
P.O. Box 1327
Oak Bluffs, MA 02557 – 1327
Telephone: (508) 693-0072
Fax: (508) 696 -6472

Basketball Program 2016

(PRINT ALL INFORMATION)

Participant Name: _____ Age: _____

Parent Name (If under 18): (1) _____

(2) _____

Cell Phone #: (_____) _____ - _____

Email Address: _____

If Parent / Guardian **CAN NOT** be reached by the above cell phone number who do you want us to contact in case of an emergency.

Name: _____ Relationship to Participant: _____

Cell Phone #: (_____) _____ - _____

By enrolling the **ABOVE** player, I ensure that such individual is physically and mentally able to participate in **ALL** camp / league activities and has been examined by a licensed medical physician within one **(1)** year prior to attending camp / league activities.

I **UNDERSTAND** that the **TOWN OF OAK BLUFFS**, it's Directors, Officers, Employees, Representatives, Independent Contractors, **CAN NOT** be held responsible in whole or part for **ANY** accidents, illness of injuries resulting in medical or dental expenses incurred from participation in this program.

I hereby **RELEASE** each of them from and against **ANY** and **ALL** claims, cost liabilities and injuries incurred while playing in the camp / league. I **AGREE** to **ASSUME** full and complete responsibility for any and all medical bills arising from a player's participation.

In the event of **ANY** emergency, I authorize the **OAK BLUFFS PARK & RECREATION DEPARTMENT** to exercise its judgement in the treatment of said player by a medical authority.

By signing this release and agreement form, I acknowledge that **I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS.**

I execute this waiver voluntarily and with full knowledge of its significance to be binding on my heirs, my executors, administrators, assigns and myself. I accept the terms stated above.

Signature (Of Parent / Guardian if under 18): _____

Date: _____

Please fill in the appropriate time that the above **WILL** be participating in the Niantic Park Basketball Camp / League.

_____ Days _____ Sessions _____ Summer

Amount Due _____ Amount Paid _____ How Paid _____

Person who took the payment **MUST** initial this sheet: _____