



2019-20 Winter Co-ed Biddy League Basketball Registration Form

Registration Fee: \$60 PW:\$35

PARTICIPANT'S NAME: _____ GENDER: _____

ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PHONE: _____ EMAIL ADDRESS: _____

AGE: _____ CURRENT GRADE: _____ T-SHIRT SIZE: _____

Are you a returning Biddy League Player? Y / N Last season's team: _____

Division (Please circle one): Grades K-2(PW) Grades 3-5

PARENTS/GUARDIAN CONTACT INFO:

NAME: _____ CELL PHONE: _____

NAME: _____ CELL PHONE: _____

I/We hereby authorize the Recreation Department to contact us via text message.

CONSENT AND RELEASE

I, the undersigned parent/guardian of _____, a minor, do hereby consent to my child's participation in voluntary recreational programs of the City of Fitchburg Recreation Department. I also agree to forever release the City of Fitchburg, Fitchburg Recreation, and all their employees, contractual agents, commission members, volunteers and any and all individuals and organizations assisting or participating in voluntary recreational programs of the City of Fitchburg Recreation Department ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the City of Fitchburg Recreation Department's voluntary recreational programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the City of Fitchburg's voluntary recreational programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the City of Fitchburg Recreation Department recreational programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Fitchburg Recreation recreational programs.

Emergency Medical Treatment: I hereby give the Fitchburg Recreation Department permission to administer basic First Aid, CPR, and necessary medication to my child and/or take my child to a hospital and secure medical treatment when I cannot be reached or when delay could be dangerous to my child's health.

Photo Release: I grant to the City of Fitchburg, its representatives and employees the right to take photographs of myself and/or my child in connection with voluntary recreational programming. I authorize the City of Fitchburg, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the City of Fitchburg may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. Yes No

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____