

2011 YOUTH BASKETBALL PROGRAM REGISTRATION FORM  
F-P RECREATION, INC.  
PO BOX 7 FABIUS, NY 13063

F-P Recreation, Inc. is sponsoring several basketball programs from November through February for boys and girls grades K through 6. The programs will be held at the **Elementary School gym** starting in November. The registration fees are \$20/child (\$40 max/family) or \$10/child (\$20 max/family) if you have already worked a Dome event. **A clinic will be held on Saturday, November 19<sup>th</sup> from 10-11am for Grades 3-4 and 11am-12pm for Grades 5-6 (Boys & Girls).** Registration forms can be turned in the day of the clinic or mailed to the address above.

Has a parent or guardian worked a dome event to benefit the F-P Rec. since September 1, 2011? Yes  No  Enter voucher number \_\_\_\_\_

Preferred initial division placement: Little Dribblers (K-2)  (Saturdays – 10-11:30am – Starting 12/3)  
Grades 3-4 Girls  (Tuesdays & Fridays – 7-9pm – Starting TBD)  
Grades 3-4 Boys  (Tuesdays & Thursdays – 7-9pm – Starting 11/8)  
Grades 5-6 Girls  (Mondays & Wednesdays – 7-9pm – Starting TBD)  
Grades 5-6 Boys  (Mondays & Thursdays – 7-9pm – Starting 11/7)

**Player Information:** - One player per form. Forms available at [www.fprec.org](http://www.fprec.org)

Male

STUDENT'S NAME: \_\_\_\_\_ Female  AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ GRADE: \_\_\_\_\_

MEDICAL PROBLEMS: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

PARENT(S) / GUARDIAN(S): \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I WILL ASSIST WITH THE FOLLOWING:  Coaching  Asst. Coach  Umpire  Division Coordinator

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIANS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PHOTOGRAPHY (OPTIONAL)**

I hereby give my consent to allow my child to be photographed during FABIUS-POMPEY RECREATION, INC. sporting events. I also understand and agree that images may be displayed on the FABIUS-POMPEY RECREATION, INC., website.

Parent/Legal Guardian Signature: **X** \_\_\_\_\_

**SIGNATURE REQUIRED BESIDE BOTH X's**

**PARTICIPATION AUTHORIZATION / INDEMNIFICATION**

I hereby give my consent for my child to participate in the program being conducted by FABIUS POMPEY RECREATION, INC. and declare that I will not hold FABIUS POMPEY RECREATION, INC., their employees, organizers, sponsors, supervisors, participants, any person providing transportation, or any volunteer associates with the program, responsible for any injuries, damage, or personal loss incurred while participating in said program whether the result of negligence or any other cause. The undersigned and the above named participant are aware that safety regulations are applicable to the above program and hereby agree to comply with such regulations and all directions of instructor and/or personnel in charge of the program. I further understand there are inherent risks in this program, and I fully assume and accept all such risks, and I hereby release, discharge, covenant not to sue and agree to indemnify and save and hold harmless the Fabius Pompey Recreation, Inc., their employees, organizers, supervisors and/or volunteers from all liability, claims, demand, losses or damages on the minor's account caused or alleged to be caused in whole or part as a result of the releasee's conduct; and further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the above releasees, I will indemnify and save and hold harmless each of the releasees from any litigation, expenses, attorney's fees, loss, liability, damage or cost, any may incur as a result of such claim.

Parent/Legal Guardian Signature: **X** \_\_\_\_\_

**MEDICAL AUTHORIZATION / INDEMNIFICATION**

I understand that FABIUS POMPEY RECREATION, INC., its staff and all persons related directly or indirectly with Recreation Programs assumes no financial obligation or liability; but in the case of accident or illness, I grant my authorization to secure medical/ dental treatment for the above named minor if I cannot be contacted immediately. I hereby consent to the administration of any and all medical/dental procedures deemed necessary by any medical personnel, or the attending authorities of FABIUS POMPEY RECREATION, INC.

Parent/Legal Guardian Signature: **X** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_