

JOHN DELLA CONTRADA 3rd & 4th Grade Boys' Basketball League Registration Form

Rome Parks & Recreation Department



COME REPRESENT YOUR SCHOOL!

OPEN REGISTRATION

WHEN: Monday October 14 & Tuesday October 15

WHERE: Pinti Field Clubhouse, 200 6th Street

TIME: 5:30pm-7:00pm

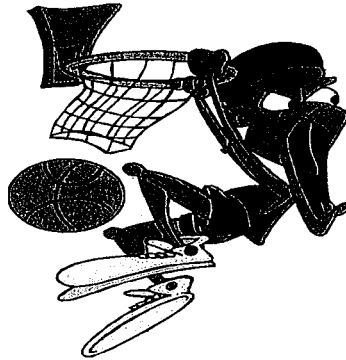
FEE: \$30 PER PLAYER

Checks payable to: City of Rome

PRACTICE BEGINS: November

LEAGUE BEGINS: January 4

LEAGUE ENDS: March 7



More Information Contact:

Ryan Hickey

339-7654

rhickey@romecitygov.com

Name: _____

Elementary School Attending: _____

Grade: _____ **Phone #:** _____

Circle One:

T-Shirt Size (Youth Sizes): **YS** **YM** **YL** **YXL** **AS**

Please complete this registration form and waiver form ON BACKSIDE.

Please bring completed form to Open Registration.

Fee paid: **check #** _____ **cash** **date:** _____

WAIVER & RELEASE FORM

Release executed on (date) _____, 2019,

by (parent/guardian) _____

of (the City of Rome), County of Oneida, State of New York, herein referred to as releasor, to **THE CITY OF ROME, NEW YORK, THE ROME CITY SCHOOL DISTRICT, ROME FAMILY YMCA, AND THE STATE OF NEW YORK, THEIR AGENTS, OFFICERS AND EMPLOYEES**, herein referred to as releasee.

I, releasor being of lawful age, in consideration of myself being permitted to participate in the **City of Rome 3rd & 4th Grade Boys' Basketball League** in the City of Rome, New York, do to myself, my heirs, executors, administrators, and assigns, hereby release and forever discharge **THE CITY OF ROME, NEW YORK, THE ROME CITY SCHOOL DISTRICT, ROME FAMILY YMCA, AND THE STATE OF NEW YORK, THEIR AGENTS, OFFICERS AND EMPLOYEES**, from any and every claim, demand action or right of action of whatever kind of nature, either in law or in equity arising from or by reason of any bodily illness or personal injuries known or unknown, death or property damage resulting or to result from participation in said programs or facilities and the use of said sites, whether by negligence or not. Such release is given as consideration for the privilege and right given to me to participate in such programs and use of such sites and facilities.

I further attest to the fact that the participant _____ is physically fit and physically able to participate in such activities and that he/she has no medical condition which would render his/her participation in the **City of Rome 3rd & 4th Grade Boys' Basketball League**. I further agree and understand that in order to participate in the recreation program, I, and my child, will adhere to all safety rules and regulations.

This release contains the entire agreement between the parties hereto and the terms of this release are contracted and not a mere recital. Releasor further states (s)he has carefully read the foregoing release and knows the contents thereof and signs this release as his/her own free act. In witness whereof, releasor has executed this release at ROME, NEW YORK, the day and year first written above.

(Print Name)

(Parent Signature)

(Date)