



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com



BASKETBALL TOURNAMENT

Including . . .

3 Point Shootout, & Foul Shooting Contest

@ the Fishkill Recreation Center

Saturday April 23, 2011

7th & 8th Grade Boys

5 Players per roster

\$50/Team

(Additional \$5 per player to compete in the 3 Pt Shootout and/or Foul Shooting Contest.)

Features:

Competitive Sportsmanship Strongly Encouraged

Championship Shirts to winning team

No Coaches needed, Just let the Kids play !!!

To Register: Fill out the attached Registration Form and return to Fishkill Recreation with payment made out to Fishkill Recreation.

(Signup for the 3 point shootout or foul shooting contest during sign in for start of the 3 point shootout)

Registration is limited so register early.

For more information or for questions visit our website at www.fishkillrecreation.com or call Jay Maietta at 845-831-3371.



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Saturday April 23, 2011 Registration Form

Team Name: _____
Adult Team Contact: _____ Adult Team Phone #: _____
Adult Team Email: _____

TEAM ROSTER:

| | |
|--|---|
| <p style="text-align: center;"><i>Player 1 / Team Captain</i></p> <p>Name: _____ Grade: _____ Phone: _____ Emergency Name/Relationship: _____ Emergency Contact Phone: _____ Mother and/or Father Email: _____</p> <p>X _____ Parent/Guardian Signature (indicates acceptance of waiver)</p> | <p style="text-align: center;"><i>Player 2</i></p> <p>Name: _____ Grade: _____ Phone: _____ Emergency Name/Relationship: _____ Emergency Contact Phone: _____ Mother and/or Father Email: _____</p> <p>X _____ Parent/Guardian Signature (indicates acceptance of waiver)</p> |
| <p style="text-align: center;"><i>Player 3</i></p> <p>Name: _____ Grade: _____ Phone: _____ Emergency Name/Relationship: _____ Emergency Contact Phone: _____ Mother and/or Father Email: _____</p> <p>X _____ Parent/Guardian Signature (indicates acceptance of waiver)</p> | <p style="text-align: center;"><i>Player 4</i></p> <p>Name: _____ Grade: _____ Phone: _____ Emergency Name/Relationship: _____ Emergency Contact Phone: _____ Mother and/or Father Email: _____</p> <p>X _____ Parent/Guardian Signature (indicates acceptance of waiver)</p> |
| <p style="text-align: center;"><i>Player 5</i></p> <p>Name: _____ Grade: _____ Phone: _____ Emergency Name/Relationship: _____ Emergency Contact Phone: _____ Mother and/or Father Email: _____</p> <p>X _____ Parent/Guardian Signature (indicates acceptance of waiver)</p> | <p style="text-align: center;">RECREATION WAIVER</p> <p>As the Parent/Legal Guardian of, <i>my child</i> participating in The Fishkill 3 on 3 Basketball Tournament, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that sustained as a result of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate cover. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, volunteers, employees, and representatives of the Town of Fishkill from any and all claims.</p> |