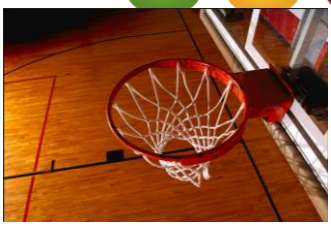
# FISHKILL RECREATION

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



# FALL BASKETBALL LEAGUE

## 2016 Player Waiver –

### To be Completed by all Players' Parents !

| Participant's Last Name | Participant's First Name | D.O.B / / | Grade |
|---|---|---|---|
| Team Name: | Coach's Name: | | |
| Mailing Address | | | Sex ☐ M ☐F |
| City | | Zip Code | |
| School Attending | | | |

| Mother/Guardian 1 | | |
|---|---|---|
| Cell Phone | Daytime Phone | Email |
| Father/Guardian 2 | | |
| Cell Phone | Daytime Phone | Email |
| Emergency Contact Name **(other than parent)** | | Phone |

**RECREATION WAIVERS: Please sign appropriately below:**

I hereby grant permission for my child to be transported and treated in the event of medical emergency if I cannot be reached.

**X** _____ _____

Parent/Guardian Signature Date

As the Parent/Legal Guardian of the above participant, utilizing the Fishkill Recreation Center, 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 may be 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 coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, employees, and representatives of the Town of Fishkill from any and all claims.

**X** _____ _____

Parent/Guardian Signature Date

I acknowledge and consent that any photographs and/or video containing the aforementioned participant may be used for promotional use by the Town of Fishkill Recreation Department.

**X** _____ _____

Parent/Guardian Signature Date