



Westfield United Basketball Recreation Divisions and Travel League

League Use Only

Division _____
Park & Rec. Dept. _____
Amount Paid _____
Check _____
Cash _____

Participant's Name _____

Address: _____
First _____ City _____ Last _____ Zip _____ Grade _____

Gender: Female _____ Male _____ D/O/B _____ Age as of Oct. 1, 2017 _____ School Attending _____

Parent/Guardian Name: _____ Home Phone Number: (Phone number given to coaches ages 9 & up) _____

Cell Phone: _____ Email address: _____ Would you like to volunteer? _____ Head Coach

COACHES WE NEED YOUR HELP! (NEED TO COMPLETE CORI/SORI AND CONFLICT OF INTEREST FORMS) _____ Assistant Coach

Please check the appropriate recreation division: I would like to coach with _____

- _____ Girls 5-6 Grade \$ 150.00 _____ Boys 5-6 Grade \$ 150.00
- _____ Girls 7-8 Grade \$ 150.00 _____ Boys 7-8 Grade \$ 150.00

Make Check Payable: Westfield Parks and Recreation Foundation, Inc. (*Travel Suburban League)

Please No cash, we accept check or money order

If your child does not make the cut in the Suburban Travel League do you want to play in the In House Recreation League? Yes _____

Participation in this activity may involve risk of injury. To my knowledge I (or my ward) have no health impairment which may interfere with or preclude any participation in the above described activity. As a parent or guardian or participant. I am aware of the hazards and my (or my ward's) ability to participate. I hereby agree to release, discharge and hold harmless the City of Westfield, Westfield Youth Basketball, Inc., its employees, contracted instructors and volunteers from any liabilities which may occur from participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the City of Westfield and Westfield Youth Basketball, Inc. does not provide accident/medical insurance for program participants. In addition, I give permission for the children(ren) to be treated by qualified medical personnel in the event that the above name parent/guardian can not be reached at the phone numbers provided.

ALL ADULT PARTICIPANTS MUST SIGN BELOW. IN ADDITION THE SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED FOR REGISTRANTS UNDER THE AGE OF 18

Signature (Parent/Guardian if participant is under the age of 18) _____ Date: _____

Mail or drop off to: Westfield Parks and Recreation Department
4 Holcomb Street
Westfield, MA 01085
Telephone: (413) 572-6263 Web: www.cityofwestfield.org