



**Westfield Parks and Recreation Basketball**  
**Ages 5-8**  
**(Fall-Winter program)**

**League Use Only**

Division \_\_\_\_\_

Amount Paid \_\_\_\_\_

Check \_\_\_\_\_

Cash \_\_\_\_\_

Participant's Name \_\_\_\_\_

First

Last

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_ Instructional –Mondays Co-Ed 5-6 yrs. \$ 50.00

Plays on Mondays 5:30 p.m.-6:45 p.m.

\_\_\_\_\_ Instructional –Tuesdays Co-Ed 5-6 yrs. \$ 50.00

Plays on Tuesdays 5:30 p.m.-6:45 p.m.

\_\_\_\_\_ Freshmen-Co-ed 7-8 yrs. \$ 50.00

Plays on Wednesdays 5:30 p.m. and 6:45 p.m.

Will alternate times for games/practices. Schedule will be mailed.

**Make Check Payable: Parks and Recreation Department**

- If your child is age 9 through 18 years of age, then see the Westfield United Basketball registration form on website for older children

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

Date: \_\_\_\_\_

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

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