

Town of Somers
Parks & Recreation Department
P.O. Box 46
Somers, NY 10589

ADULT OPEN BASKETBALL REGISTRATION FORM

PARTICIPANT INFORMATION

Last Name	First Name	Gender (male/female)
Date of Birth (month / day / year)		
Home Phone		
Cell Phone		
E Mail		
Mailing Address		
Street Address (if different from above)		
Emergency Contact Name	Phone	
Medical problems, daily medications or special needs		

REFUND POLICY: Refunds will be authorized only if the Recreation Department cancels the program. All other refunds will be issued only because of illness or accident. All requests for refunds must be accompanied by a doctor's note. Refunds will be prorated. No refund will be made once a program is half over. A \$10.00 administration fee will be deducted from any refund.

As a participant in the above program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the Town of Somers 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 Somers Parks & Recreation, its officers, agents, and employees from any and all claims.

Signature (Parent/Guardian): _____

Date: _____