



# City of Milford, Connecticut

--Founded 1639 --

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[www.ci.milford.ct.us](http://www.ci.milford.ct.us)

Recreation  
Department

## **PRESS RELEASE**

Please release **ASAP** and repeat until **October 15, 2010**

September 7, 2010

Contact: Bill Garfield  
Recreation Supervisor  
783-3388 - Phone  
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### **MILFORD RECREATION OFFERS GIRLS BASKETBALL LEAGUE**

The Milford Recreation Department is accepting team registration for its upcoming 2010-2011 Girls Youth Basketball Leagues. All coaches must register in person at the Milford Recreation Department with payment and contact information. The deadline for registering a team in the league is Friday, October 15, 2010.

Teams are responsible for supplying their own uniforms with numbers and practice basketballs. Player registration is for Milford residents only. The league fee is \$50.00 per team (payable to the City of Milford) and the refundable \$50.00 forfeit fee (payable to Cash). Roster forms are available at the Recreation Department or online at [www.ci.milford.ct.us](http://www.ci.milford.ct.us).

The 10-Under League will play on Monday and/or Tuesday while the 12-Under League will play on Monday night. The 14-Under League will take place on Thursday. All schedules are subject to change.


The 10 & 12-Under will use the mandatory play-in rule while the 14-Under will not use any play-in rule.

The league age eligibility date is December 31st of the year in which the season begins (2010). The minimum age to participate in the league is 9-years old; grade is a non-factor when determining eligibility.

For more information regarding the league, please contact Bill Garfield at (203) 783-3388 or at [bgarfield@ci.milford.ct.us](mailto:bgarfield@ci.milford.ct.us)

**CITY OF MILFORD - RECREATION DEPARTMENT  
OFFICIAL GIRLS BASKETBALL, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

I, the undersigned parent/guardian acknowledge, agree, and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of the Basketball team and league indicated below. 2) I understand, that there are certain risks and hazards involved in participating in Basketball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of throwing, and catching the ball, being hit with the ball, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all which can cause serious injury or death to me and to other players. Further, I agree that in consideration for the right as a member of the team designated below and in consideration for permission to play on the court arranged for by the team or league: 1) I voluntarily elect or accept and solely assume all the risk of damage, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice of play or by other teams or by other players on my team, and (c) while on or upon any and all of the courts arranged for by my team or league for practice or play. 2) I release, discharge and agree not to sue the team and/or league designated below or any owner or lease of the courts on which basketball is played or practiced by my team, the City of Milford, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, court, or the City of Milford, for any claim damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and full indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of any action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death caused in whole or in part by any of the parties or entities hereby released. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM. \*PARTICIPANT (or PARENT/GUARDIAN IF UNDER 18) MUST INITIAL AFTER SIGNATURE\*

|                        |   |   |
|------------------------|---|---|
| <b>Team Name</b>       |  | <b>Manager's Name</b>                               |
| 14 & Under             |   | <b>Manager's Address (Street, City, State, Zip)</b> |
| 12 & Under             | 10 & Under  | <b>Manager's Telephone - Home / Work</b>            |
| <b>Manager's Email</b> |   |   |

| PLAYER'S NAME<br><small>Please Print or Type</small> | PARENT'S SIGNATURE | INITIALS | DATE | D.O.B | BONAFIDE RESIDENCE<br><small>Street, City State, Zip</small> | HM TEL | WK TEL |
|--|--------------------|----------|------|-------|--|--------|--------|
| 1.   |                    |          |      |       |  |        |        |
| 2.   |                    |          |      |       |  |        |        |
| 3.   |                    |          |      |       |  |        |        |
| 4.   |                    |          |      |       |  |        |        |
| 5.   |                    |          |      |       |  |        |        |
| 6.   |                    |          |      |       |  |        |        |
| 7.   |                    |          |      |       |  |        |        |
| 8.   |                    |          |      |       |  |        |        |
| 9.   |                    |          |      |       |  |        |        |
| 10.  |                    |          |      |       |  |        |        |
| 11.  |                    |          |      |       |  |        |        |
| 12.  |                    |          |      |       |  |        |        |
| 13.  |                    |          |      |       |  |        |        |
| 14.  |                    |          |      |       |  |        |        |
| 15.  |                    |          |      |       |  |        |        |
| 16.  |                    |          |      |       |  |        |        |
| 17.  |                    |          |      |       |  |        |        |
| 18.  |                    |          |      |       |  |        |        |

**Team Manager' Affidavit :** As the manager of this team, I certify that all information is complete and correct. I understand that if any information is found to be false, incorrect, or fraudulent that I and/or my entire team will be subject to disqualification and disciplinary action. And, I am aware that as the manager/coach I am responsible for the actions of all the members of my team and will abide by the rules and regulations as outlined.  
 Managers Signagture: \_\_\_\_\_ Date: \_\_\_\_\_

|  |  |
|--|--|
| <b>SPECIAL NOTES</b>   |  |
| 1. The Milford Recreation Department Reserves the right to request proof of residency. |  |
| <b>OFFICE USE ONLY</b>   |  |
| Date Received: _____   | Administrative Fee (\$50.00): _____ Forfeit Fee (\$50.00): _____ |