


**CITY OF MILFORD - RECREATION DEPARTMENT
OFFICIAL BOY'S BASKETBALL PLAYER, 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 playing conditions, equipment and other participants in addition to the acts of throwing, and catching 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. #PARENT/GUARDIAN MUST INITIAL AFTER SIGNATURE. **THE REGISTRATION DEADLINE IS OCTOBER 19, 2011 OR UNTIL LEAGUE MAXIMUMS ARE MET.**

BOY'S RECREATIONAL BASKETBALL

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|---|---|---|
| Team Name |  | Manager's Name |
| 10U 12U 14U Strong Medium Weak | | Manager's Address (Street, City, State, Zip) |
| Age Division (circle) Requested Level of Play (circle) | | Manager's Telephone - Home / Work / Cell |
| Devon Rotary Knights / Other (list): | | |
| *Other League Affiliation (circle) | | Manager's Email |
| <small>*Fees are due at the time of registration unless affiliated with the Devon Rotary League. NO EXCEPTIONS.</small> | | |

| PLAYER'S NAME <small>Please Print or Type</small> | PARENT/GUARDIAN SIGNATURE | #INITIALS | DATE | D.O.B | BONAFIDE RESIDENCE <small>Street, (City & Zip if not Milford)</small> | PRIMARY PHONE |
|--|---------------------------|-----------|------|-------|--|---------------|
| 1. | | | | | | |
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| 12. | | | | | | |

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. In addition, as the team manager I am responsible for and will be held accountable for the actions and conduct of all the team members, assistant coaches & parents and will abide by and enforce the rules and regulations as outlined.

Managers Name (print): _____ Managers Signagture: _____ Date: _____

1. The Milford Recreation Department Reserves the right to request proof of residency. **SPECIAL NOTES** 2. The minimum age to be eligible to participate is 9. The eligibility cutoff date is December 31 of the current year.

3. Two Separate Checks. Both Pavable to Milford Recreation Dept.

4. **10 & Under and 12 & Under ONLY** : The minimum number of rostered players is ten. Teams are expected to play all scheduled games with eight or more players. **TEAMS WILL BE PERMITTED TO PLAY IN TWO GAMES WITH LESS THAN EIGHT PLAYERS WITOUT PENALTY. THE THIRD VIOLATION WILL RESULT IN A FORFEIT FOR THAT CONTEST AND THE PREVIOUS TWO.** Forfeits are for standings purposes only and all games are to be played as scheduled regardless of the number of players a team has. All teams are bound to the minimum playing time rule as outlined in the current Rules & Regulations. The League Director reserves the right to add players to any team and will make any and all decisions that he deems to be in the best interest of the league and its participants.

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| Date Received: | Administrative Fee (\$50.00): | OFFICE USE ONLY | Forfeit Fee (\$50.00): | Non-Residents: NOT ELIGIBLE Received by: PP BH PA MJ BG SG |
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