



Putnam Valley Parks & Recreation Department
 265 Oscawana Lk. Rd., Putnam Valley, NY 10579
 Phone: 845-526-3292, Fax 845-526-3179
www.pvpr.com for program info

BASKETBALL REGISTRATION FORM
****(SIGN-UP DEADLINE 10/21/11)****

Participant's Last Name _____ First _____

Birth Date _____ Age _____ Grade _____ Height _____ Sex _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Primary E-mail Address _____

League (Circle one):

Run-N-Gun (grades 10-12) \$50; **Super Senior** (grades 7-9) \$95; **Senior** (grades 5-6) \$95;
Junior (grades 3-4) \$95; **Hot Shots** (grades 1-2) \$70; **Pee-Wees** (ages 4-5) \$70;
Girls Only (grades 1-3) \$70; **Girls Only** (grades 4-6) \$95

Jersey Size (Circle One): Adult – S M L XL XXL; Youth – S M L

Is there a certain **ONE** night your child CANNOT practice? If "Yes", what night(s) _____

I would like to volunteer as: Head Coach _____; Assistant Coach _____; Referee _____; Team Parent _____

Name _____ Phone _____

I, hereby give my permission for my child to participate in the town sponsored Putnam Valley Parks & Recreation Basketball Program. I certify that he/she is physically fit and that I will not hold PVPR or its agencies and/or representatives liable for any accidents and/or injuries incurred during the course of the season. I give my personal consent to have my child transported to any emergency facility if injury is sustained. I also consent to any treatment, surgery, diagnostic procedure or the administration of anesthesia that may be deemed necessary based on the medical judgment of the attending physician. I understand that I will be responsible for payment of all such treatment. I understand that my conduct, the conduct of the participant and that of all family members and guests may affect the status of the participant. PVPR will not tolerate abusive language, alcohol, or misconduct at any of its functions. Failure to follow the rules and regulations as well as the Parent's Pledge will result in the suspension and possible expulsion of the participant from the PVPR Basketball League.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



**MAKE CHECKS AND MONEY ORDERS PAYABLE TO: PVPR
 FOR INTERNAL USE ONLY**
Payment: _____ Cash _____ Check # _____
 Amount Paid: \$ _____
Specify League: _____
 2nd-Sibling Fees 20% discount: _____