

**Hopkinton Recreation Department  
2009/10 Youth Basketball League  
P.O. Box 314 Ashaway RI 02804**

This league runs from December-March and is open to all children ages 4-17.  
**The registration fee is \$40 per child for residents of Hopkinton and \$45 for non-residents.** If three or more children from one family participate in this program, the fee is \$30 (\$35 non-residents) for the third child and remaining children of the family. ***Please register by Saturday, November 14th.*** Please mail your form by November 7<sup>th</sup> to the address posted above. You may register and pay online at [HopkintonRi.org/recreation](http://HopkintonRi.org/recreation) to link to Community Pass.

Name \_\_\_\_\_ Height \_\_\_\_\_ F M \_\_\_\_\_  
**Circle one**

Phone \_\_\_\_\_ Age (as of 12/31/09) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Method of payment Check # \_\_\_\_\_ Cash \_\_\_\_\_

Shirt size-circle one Youth S (6-8), YM (10-12), YL (14-16), YXL (18-20)

Adult S Adult M Adult L Adult XL Other

**Parent/Guardian:**

Would you be willing to coach a team? \_\_\_\_\_

Would you be willing to sponsor a team? (\$125) \_\_\_\_\_

*If yes, please leave name of business, mailing address and phone.*

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT  
I agree to the unreserved use of my name and/or likeness (including photographs, videotapes and other depictions) for publicizing Hopkinton Park and Recreation Department activities. In CONSIDERATION of the acceptance of the application for entry into the classes or activities listed above, I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in said classes or activities. This release is intended to discharge in advance the town Hopkinton, the Town Council, the Hopkinton Recreation Commission, its officers, agents and employees from and against any and all liability arising out of or connected with my participation in said classes or activities. I HAVE READ THE DESCRIPTION IN THE BROCHURE OF EACH CLASS OR ACTIVITY FOR WHICH I HAVE REGISTERED AND I AM AWARE THAT THESE CLASSES OR ACTIVITIES SUBJECT ME TO PHYSICAL RISKS AND DANGERS. NEVERTHELESS, I VOLUNTARILY AGREE TO ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, AND TO RELEASE, DISCHARGE AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS.

**Parent must sign for youth 18 and under. Signature indicates registrant agrees with all registration and refund policies. Registration is not complete without signature.**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_