

Chelmsford Summer Basketball League 2009

HIGH SCHOOL BOYS DIVISION

For Boys who just completed grades 9-12

Regular season games start Sunday, July 12.

(Extra games are built into the schedule for expected rain dates.)

Fee: \$40 per player (\$15.00 late fee per player if paid after June 12th)

PLEASE PRINT LEGIBLY

Participant's Name: _____ School(2008/2009 year): _____

Grade Completed June 2009: _____ Height: _____

Birth Date: _____ Age: _____ Sex: _____

Street: _____ Town: _____ State: _____ Zip: _____

Please print name of participant's parent/guardian: _____

Home#: _____ Work#: _____ Cell#: _____

Parent Email Address: _____

Emergency Contact Name: _____ Phone#: _____

Does the participant(s) have any conditions or physical limitations which the staff should be aware of?

Please explain: _____

Requests will be considered but not guaranteed. Requests become more difficult to accommodate as the player's age increases.

Our first priority is to attempt to balance out team ability, skill and experience.

If you are interested in coaching, please provide your name and contact information: _____

(note: coaches are chosen from players)

CHELMSFORD PUBLIC SCHOOLS PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT 2009 - 2010

We the undersigned father and mother or guardian(s) of _____, a minor, do hereby consent to his/her participation in Chelmsford Community Education Programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Town of Chelmsford, the Chelmsford Public Schools, a municipal department within the Town of Chelmsford, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, School Committee members, employees, servants and agents, of and from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the Chelmsford Community Education Programs. FURTHERMORE, we/I hereby agree to protect the Town of Chelmsford, the Chelmsford Public Schools and its successors, departments, officers, School Committee members, employees, servants and agents against any claim for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Chelmsford Community Education Programs, and to INDEMNIFY, reimburse or make good to the Town of Chelmsford, the Chelmsford Public Schools, or their successors, departments, officers, School Committee members, employees, servants and agents any loss or damages or costs, including attorney's fees, the School Department or the Town or their representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in Chelmsford Community Education Programs.

Signature(s) of Parent(s) or Guardian(s)	Relationship	Date
Child's Last Name	First Name	Middle Initial
Home Street Address	City/Town	State Zip Code
Telephone No.	Mo. _____ Day _____ Year _____	Date of Birth

Mail to: Chelmsford Community Education, 170 Dalton Road, Chelmsford, MA 01824

Total amount enclosed: \$ _____ Check # _____ Cash _____ Checks payable to: *Town of Chelmsford/CommEd*

Credit card information: Visa () or MasterCard () Card #: _____ Expiration date: _____

Print name on credit card: _____

Signature: _____ Date: _____

If you have any questions, please send an email to ChelmsfordSummerBasketball@gmail.com.