



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 10/16/17)****

Participant's Last Name _____ First _____

Birth Date _____ Age _____ Grade _____ Height _____ Sex _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Primary E-mail Address (A Must) _____

League (YOU MUST Circle one): All games Sat. Except Run-n-Gun

Super Duper Senior Boys (pre-drafted grade 8's & 9; 9-10 a.m. games) \$100; **Super Sr. Boys** (grades 7-8; 11 a.m., noon games) \$100;
Senior Boys (grades 5-6; 12, 1 & 2:00 p.m. games) \$100; **Junior Boys** (grades 3-4; 2, 3 & 4: 00 p.m. games) \$100;
Run-N-Gun Hoops (grades 10-12) \$50; **Hot Shot Boys** (grades 1-2; 12-1:00 p.m. games) \$75;
Coed Pee-Wees (ages 4-5; 10 and/or 11 a.m.) \$75; **Girls Only** (grades 1-4, TBA.) \$75; **Girls Only** (grades 5-7; 4 & 5 p.m.) \$100
 *All times approx.

Is there **ONE** night (**Only 1 night is honored**) your child CANNOT practice? If "Yes", what night _____

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

Vol. 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, heckling of referees, alcohol consumption, or any type of misconduct at any of its functions. Failure to follow the rules and regulations as well as this 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: _____

Receipt # _____