



Town of Oak Bluffs, Massachusetts
Park & Recreation Department
P.O. Box 1327
Oak Bluffs, MA 02557 – 1327
Telephone: (508) 693-0072
Fax: (508) 696 -6472

Basketball Program

(PRINT ALL INFORMATION)

Participant Name: _____ Age: _____

Parent Name (If under 18): (1) _____

(2) _____

Cell Phone #: (_____) _____ - _____

Email Address: _____

If Parent / Guardian **CAN NOT** be reached by the above cell phone number who do you want us to contact in case of an emergency.

Name: _____ Relationship to Participant: _____

Cell Phone #: (_____) _____ - _____

By enrolling the ABOVE player, I ensure that such individual is physically and mentally able to participate in ALL camp / league activities and has been examined by a licensed medical physician within one (1) year prior to attending camp / league activities.

I UNDERSTAND that the TOWN OF OAK BLUFFS, it's Directors, Officers, Employees, Representatives, Independent Contractors, CAN NOT be held responsible in whole or part for ANY accidents, illness of injuries resulting in medical or dental expenses incurred from participation in this program.

I hereby RELEASE each of them from and against ANY and ALL claims, cost liabilities and injuries incurred while playing in the camp / league. I AGREE to ASSUME full and complete responsibility for any and all medical bills arising from a player's participation.

In the event of ANY emergency, I authorize the OAK BLUFFS PARK & RECREATION DEPARTMENT to exercise its judgement in the treatment of said player by a medical authority.

By signing this release and agreement form, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS.

I execute this waiver voluntarily and with full knowledge of its significance to be binding on my heirs, my executors, administrators, assigns and myself. I accept the terms stated above.

Signature (Of Parent / Guardian if under 18): _____

Date: _____

(Below filled in by Niantic Park Basketball Program Staff – ONLY)

Please fill in the appropriate time that the above WILL be participating in the Niantic Park Basketball Camp / League.

_____ Days _____ Sessions _____ Summer

Amount Due _____ Amount Paid _____ How Paid _____

Person who took the payment MUST initial this sheet: _____

Medical Page

Participant: _____

Please list **ANY MEDICAL HISTORY** that the staff of the Niantic Park Basketball Program needs to be aware of.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Please list **MEDICAL TREATMENT** that **YOU (Parent/ Guardian)** would like the staff of the Niantic Park Basketball Program to **FOLLOW** in the case of an episode.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

In the event of a **MEDICAL** episode, the staff of the Niantic Park Basketball Program **WILL** notify the appropriate authority if said episode is beyond their scope of medical training.