



TARPON SPRINGS RECREATION DIVISION 2010 YOUTH BASKETBALL LEAGUES



The Tarpon Springs Recreation Division will begin taking registrations for its Youth Basketball League on August 23rd, at the Tarpon Springs Community Center, 400 South Walton Avenue, from 8:00am to 8:00pm.

Youths aged 7-10 and 11-14 may participate in the leagues which will play on *Thursdays* in the *Recreation Department* gymnasium. Participants must turn 7 prior to December 1st and must not turn 15 prior to December 1st in order to be eligible. Teams will be made up so that the average skill is equal among the teams. Game times will be 6:20pm, 7:00pm, 7:40pm & 8:20pm each Thursday. Team practices will also be held in the *Recreation Department* gymnasium on September 2nd & 9th, from 6:30pm to 7:30pm for 7-10 and 7:30pm to 8:30pm for 11-14. The season will begin September 16th at the *Recreation Department* gym.

Cost for the league will be \$45.00 per child (\$48.21 without an activity card), which includes a T-shirt and a trophy for each participant. Parents who volunteer as coaches may register up to two children at no cost. For more information, please call us at 942-5628.



I, _____, for myself, my heirs and personal representatives, and for the minor child _____, and his/her heirs and personal representatives, hereby assume for myself and for said child, all liabilities, risks, injuries and hazards incidental to participation in **YOUTH BASKETBALL**, in which said child participates, including transportation to or from the said activity. I represent that I am the natural parent or legal guardian of such child and have full lawful authority to execute this release, waiver and indemnification on behalf of said child, binding myself and said child and the child's heirs and personal representatives to the undertakings herein set forth. I acknowledge the fact that this program may/or does involve physical contact or other conditions where injuries may occur. I do hereby waive, release and agree to hold harmless the CITY OF TARPON SPRINGS, its officers, agents, employees, the organizers, sponsors, activity supervisors, co-sponsoring organizations and participants for and from any claim, demand, liability, costs, suits, charges or compensation for loss or injury of any kind arising from the negligence of the CITY OF TARPON SPRINGS, its agents or employees and sponsors or activity supervisors, arising from the child's participation in or presence at said activity. I acknowledge that the CITY OF TARPON SPRINGS will not assume any costs relating to any injury while the child is involved in this activity.

This waiver, release and indemnification is in consideration of the CITY OF TARPON SPRINGS or activity sponsor permitting the child's participation in the activity or program and in further consideration of the CITY OF TARPON SPRINGS not requiring self-funded liability insurance coverage as a condition precedent to the child's participation in the activity. I freely and voluntarily assume for myself and the said child all risk of loss or injury arising from the child's participation in the activity whether due to the child's negligence, or the negligence of others. I acknowledge that, absent this release and indemnification, the CITY OF TARPON SPRINGS or other sponsor of the activity would not have offered the child access to the activity because of unacceptable exposure to liability claims or the expense of providing a program that is risk free.

I have read and understood this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I and the child might otherwise be entitled if the child is hurt or suffers loss during the child's participation in the activity.

YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT.

SIGNED THIS _____ DAY OF _____, 2010.

SIGNATURE OF PARENT OR GUARDIAN

SIGNED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

HOME ADDRESS: _____

DATE OF BIRTH: _____
HOME PHONE: _____
WORK PHONE: _____

AGE: _____

T-SHIRT SIZE: _____

WOULD YOU BE INTERESTED IN BEING A VOLUNTEER COACH? _____

MEDICAL INSURANCE COMPANY: _____ POLICY #: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____