

Parent/Guardian's:

I/we the parents or legal guardian of the Youth Recreational Basketball Program, hereby give my/our approval to his/her participations in any and all Salem Youth Recreational Basketball Program activities. I/we assume all the risks and hazards incidental to such participation including transportations to and from the activities and I/we do hereby waiver, release, and absolve, indemnify and agree to hold harmless, the Salem Youth Recreation Commission, its organizers, sponsors, and supervisors, participants and persons transporting my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/we will furnish a certified birth certificate of the below named candidate upon request of the Program Officials.

Signed and Understood by the undersigned parent or guardian:

Parent or Guardian (print name)

Parent or Guardian Signature (signature)

***Please contact Alan Maziarz at amaziarz@hotmail.com or 860-373-1155 for more information or questions*

2016-2017

Salem Youth Rec. Basketball Program



Season runs Nov 5th – Feb. 25th

Teams and schedule will be decided after Nov. 5th, based on registrations

K-8th Registration now until Nov. 5th

Please email/mail registration forms to:

Maziarz, 23 Rattlesnake Ledge Rd, Salem

Fees: K-3rd = \$50

4th-8th = \$60

Registration Form

Participant Name:

DOB (m/d/yr):

Grade (2016-2017):

Parent/Guardian Name(s):

Address:

Phone Number:

Email address:

T-Shirt size: (YS, YM, YL, AS, AM, AL, AXL)

Coaching Availability/Opportunity

Yes – I am interested in coaching

No thanks

Grade level preference:

Contact info:



***If you have any concerns or questions, please contact Alan Maziarz at amaziarz@hotmail.com or 860-373-1155u*