

**City of Orange Division of Recreation
Summer Basketball League**

Player Name: _____

Address: _____ Apt/FI _____

City _____ State _____ Zip _____

Home Phone: _____ Birth date: _____ Age _____

School: _____ Gender ___M ___F

Grade _____

PLEASE CHECK THE LEAGUE YOU ARE ELIGIBLE TO PARTICIPATE IN

Ages (8 to 10) _____ Ages (11 to 14) _____ Ages (15 to 18) _____ Adult _____

(PLEASE PRINT) PARENT OR GUARDIAN (PLEASE PRINT)

Name: _____

Cell Phone: _____ Business Phone: _____

EMERGENCY

Name: _____ Relationship: _____

Home Phone: _____ Day Phone: _____ Cell _____

PLEASE READ CAREFULLY

I, the applicant/parent/guardian of the above name registrant, hereby gives my approval for the registrant to participate in any City of Orange Division of Recreation Activities and understand as a parent I must abide by the rules and regulations set forth.

All necessary precautions will be taken to protect each participant from physical harm or property loss. However, the undersigned agree(s) that they do jointly and severally indemnify and hold harmless the City of Orange Township, and the Orange Board of Education against liability for any and all claims for damages to property or injury to or death of my child or ward arising out of the scheduled activities.

I grant permission for as a participant to photo or video record, to be used in promotional materials, such as brochures, newsletters and video programs

Signature/Parent/Guardian: _____ Date _____