



**2010 EDGEWOOD RECREATION
BASKETBALL**

Boys and Girls Ages 6-14

Games will be played Saturdays beginning
January 2, 2010 at Edgewood Primary School

Draft scheduled for Saturday, December 19, 2009

6-7-8-9 yr olds: 9:00 AM

10-11-12 yr olds: 10:00 AM

13-14 yr olds: 11:00 AM

Players will be contacted by their coach following the draft.

Practices will be held one evening during the week following the draft.

Games will begin with the 6-9 yr olds starting at 9:00 AM

REGISTRATION DEADLINE IS FRIDAY, DECEMBER 11, 2009.

**Please submit \$50.00 per player and send payment and registration to:
Edgewood Borough, 2 Race St., Pittsburgh, PA 15218**

**FOR LATE REGISTRATION (BEYOND DECEMBER 11, 2009),
ADD \$10.00 PER REGISTRATION FOR A TOTAL OF \$60.00.**

**More forms available at: www.edgewoodboro.com or at
Borough Building, 2 Race Street (Lobby Table)**

Players Name: _____

Address: _____

Telephone and Email:_____

Age:_____ **Date of Birth:**_____

Coach:_____ **Asst. Coach:**_____

-over-

RELEASE OF ALL CLAIMS

I/We hereby made an application for the above-named child to be enrolled in the programs of Edgewood Borough. In consideration thereof, I/we hereby agree to release, absolve, defend, indemnify and hold harmless the Borough of Edgewood, Edgewood Recreation Board, Directors, officers, coaches, sponsors and any affiliated individual, firm, corporation or entity, for any and all claims or causes of action on behalf of myself/ourselves and the above-named child including, but not limited to, the following: (1) any injury, risk and hazard incidental to the conduct of activities, including practice, match, ceremonial functions and transportation to and from the activities; (2) any harm or distress which may be sustained incidental to conduct and implementation of the laws of the game as adopted by Edgewood Recreation Department, including roster changes, disciplinary actions, suspensions and dismissals from the Club; and (3) providing, in the case of injury requiring immediate medical attention, assistance and/or treatment by a physician, surgeon, paramedic, trainer or hospital, as would ordinarily be given to a patient in such condition.

THE RELEASE APPLIES EVEN IF THE ACT(S) OR OMISSION(S) OF THE PERSON(S) OR ENTITY(IES) RELEASED IS/ARE NEGLIGENT.

I/We certify that the child enrolled above is in good health and may participate in strenuous physical activities, including, but not limited, basketball.

I/We certify that the child enrolled above has health insurance coverage.

I/We have read the above and understand what I/we am/are signing.

In addition to the RELEASE OF ALL CLAIMS, I/we also understand that bad sportsmanship and the use of profanity will not be tolerated by the Edgewood Recreation Department and will result in the ejection of any persons, including players, parents and coaches.

Please Note: Players interested in participating after the deadline date must be cleared to play by the Recreation Coordinator. Coaches may not add players independently. Proof of age may be requested.

CHILD'S NAME (Please Print): _____

PARENT'S NAME (Please Print): _____

SIGNED: _____

DATE: _____