



71 SAWYER AVENUE, WEST BABYLON, NY 11704

2010 Men 40 and Over Basketball Registration

Monday evenings - Starts April 5th to June 14th

Check One:

TEAM _____

INDIVIDUAL

Team Fee: \$900 per team
(Includes T-shirt)
Maximum of 10 players per team

Individual Fee: \$100
(Includes T-shirt)

WBCYC reserves the right to cancel any team without sufficient registration

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Full Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ Shirt Size: M L XL Other _____

Email: _____

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I fully understand that I will play according to the rules governed by the League. I hereby certify that I am in good physical condition, to the best of my knowledge. I will not hold the WBCYC liable for any pre-existing conditions. I assume all risks and hazards incidental to such participation including transportation to and from activities. I hereby waive, resolve, absolve, indemnify, and agree to hold harmless the WBCYC, the organizers, sponsors, supervisors, and participants for any claims arising out of injury to myself. Except to the extent, and in the amount covered by accidental or liability insurance, **Additionally, I am aware that I am responsible to report to the WBCYC Program Director, any injury related to League play immediately. Failure to report an incident in a timely manner may result in the claim not being processed.**

Signature: _____ Date: _____

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Official Use Only: Reg. Date: _____ Donation: _____

Post Date: _____ Check: _____ Cash: _____

A B W N A H O

Initials: _____