

## Chatham Community Center

Telephone 508-945-5175

# Age 18+ Basketball



**Who:** Chatham residents, graduates of Chatham High School, parents of School Choice students, Chatham Municipal Employees and Residents of Harwich (provided space is available on November 1) (Note: Current High School students may not participate in this program.)

**When:** Mondays & Wednesdays 7—8:45 P.M. October 2017 - April 2018

**Location:** Community Center Gymnasium

**Registration Fee:** \$20 resident **proof of residency will be required!**  
Resident registration fees will be collected during the month of **October**.

\$25 Harwich resident **proof of residency will be required!**  
Non-resident registration fees will be collected starting in the month of **November** provided space is available in the program.

**ALL PARTICIPANTS must show visible proof of residency even if you are a returning player.  
Absolutely no walk-ins will be allowed to play.**

Clip here and return X

### Age 18+ Basketball

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Street Address (required) Town (Chatham, North, South, West, Port?)

Mailing Address: \_\_\_\_\_  
Street#/P.O. Box Town State Zip

Home #: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Are there any allergies, medications or health issues that we should know about?

In consideration of your accepting my entry, I, the undersigned adult participant, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. Further, I give my permission to receive medical treatment in the event of injury while participating in the above named program. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver. I agree that pictures taken during program hours may be used for future promotional purposes.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Registration Form Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Proof of residency shown at time of registration: \_\_\_\_\_