

**DENNIS TOWNSHIP RECREATION**  
**16 – 20 YEAR OLD BASKETBALL LEAGUE**  
*\$10.00 Township Resident; \$15.00 Non Resident*

Participant's Name \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Dennis Twp. Resident? \_\_\_\_\_  
House # \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_  
Emergency Contact Name & Number \_\_\_\_\_

**Player's Medical History:**

Disabilities \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Name of Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Family Hospitalization Plan \_\_\_\_\_  
Any Other Relevant Information \_\_\_\_\_

**It is recommended that you seek your physician's approval to participate in organized sports.**

I am fully aware that there are certain inherent risks to participating in organized sports programs and that serious injury may result and that protective equipment does not prevent all injuries to players. Therefore, I hereby knowingly and voluntarily release the Township of Dennis, their agents, representatives and employees from all injuries incurred that result from normal course of play. I realize that if an injury does occur that I must notify the Dennis Township Recreation Department, (609) 861-1045, within 48 hours.

**\*Please Note: If you are under the age of eighteen a parent/guardian must sign below.**

Players Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print) (Required)

Parent's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print) (Required)

**Official Use Only:**

Registration Fee \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check Number \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_