



City of Milford, Connecticut

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www.ci.milford.ct.us

Recreation
Department

NEWS RELEASE

Release ASAP / Please Repeat

Contact: Paul Piscitelli
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October 1, 2009

WOMENS BASKETBALL LEAGUE

The Milford Recreation Department announces that it will begin accepting team registration for its 2009-2010 Women's Basketball Leagues on October 19, 2009.

This full court league will play its games on Saturday mornings at the West Shore Recreation Center, beginning on Saturday, December 5, 2009. This league is open to both Milford Residents and Non-resident players / teams.

The **League Fee is \$50.00 per team** (payable to the City of Milford), the **Forfeit Fee \$50.00 per team** (payable to Cash) & the **Non Resident Fee \$10 per player** (payable to City of Milford). In addition teams will be responsible for paying the referees **\$25 per game** prior to each game.


The deadline to register is Friday, November 13, 2009.

For further information contact Paul Piscitelli at the Milford Recreation Department 203.783.3386 or ppiscitelli@ci.milford.ct.us.

The "**Official Basketball Player, Release of Liability and Indemnification Agreement**" is available online by following the links on our web site, www.ci.milford.ct.us

**CITY OF MILFORD - RECREATION DEPARTMENT
OFFICIAL WOMEN'S BASKETBALL, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

I, the undersigned parent/guardian acknowledge, agree, and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of the Basketball team and league indicated below. 2) I understand, that there are certain risks and hazards involved in participating in Basketball including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of throwing, and catching the ball, being hit with the ball, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all which can cause serious injury or death to me and to other players. Further, I agree that in consideration for the right as a member of the team designated below and in consideration for permission to play on the court arranged for by the team or league: 1) I voluntarily elect or accept and solely assume all the risk of damage, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice of play or by other teams or by other players on my team, and (c) while on or upon any and all of the courts arranged for by my team or league for practice or play. 2) I release, discharge and agree not to sue the team and/or league designated below or any owner or lease of the courts on which basketball is played or practiced by my team, the City of Milford, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, court, or the City of Milford, for any claim damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and full indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of any action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death caused in whole or in part by any of the parties or entities hereby released. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM. *PARTICIPANT (or PARENT/GUARDIAN IF UNDER 18) MUST INITIAL AFTER SIGNATURE*

| | |
|---|---|
| Team Name | Manager's Name |
|  | Manager's Address (Street, City, State, Zip) |
| League / Division | Manager's Telephone - Home / Work / Cell |
| Manager's Email | |

| PLAYER'S NAME <small>Please Print or Type</small> | PLAYER'S SIGNATURE | INITIALS | DATE | D.O.B | BONAFIDE RESIDENCE <small>Street, City State, Zip</small> | HM TEL | WK TEL |
|--|--------------------|----------|------|-------|--|--------|--------|
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Team Manager Affidavit : As the manager of this team, I certify that all information is complete and correct. I understand that if any information is found to be false, incorrect, or fraudulent that I and/or my entire team will be subject to disqualification and disciplinary action. And, I am aware that as the manager/coach I am responsible for the actions of all the members of my team and will abide by the rules and regulations as outlined.

Managers Signature: _____ Date: _____

SPECIAL NOTES

1. The Milford Recreation Department Reserves the right to request proof of residency.

OFFICE USE ONLY

Date Received: _____ Administrative Fee (\$50.00): _____ Forfeit Fee (\$50.00): _____ Non Resident Fee (\$10 / player): _____