

2012 Summer Basketball Program

BASKETBALL CAMP

Camp starts June 25th (26th for 11-13 year olds)

Ages 7-10; 9:00 AM to 12 Noon, Monday/Wednesday/Friday

\$60.00 per session or \$150.00 for season*

Ages 11-13; 9:00 AM to 12 Noon, Tuesday/Thursday/Saturday

\$60.00 per session or \$150.00 for season*

**Basketball session is 3 weeks*

Session 1: 6/25-7/14; Session 2: 7/16-8/4 Session 3: 8/6-8/25.

BASKETBALL LEAGUES

Boys 7th-10th Grade; Monday & Thursday nights, Cost: \$100.00

Men's League; Tuesday & Friday nights, Cost: \$125.00

Men's league will begin Friday, June 29th

Boy's league will begin on Thursday, June 28th

Games times will be determined by the number of teams in the league. They will take place between 5 PM and 9 PM.

SIGN UP: Thursday June 21-Sunday June 24th; 4 PM – 7 PM

PLACE: Niantic Park Recreation Center

Oak Bluffs Parks Department
Robert E Rose Town Garage
PO Box 1327
347 County Road
Oak Bluffs, MA 02557
Office Administrator: Nicole L Morey
508-693-0072 (phone)
508-696-6472 (fax)

BASKETBALL PROGRAM 2012

Participants Name: _____ Age: _____

Parents Name (if under 18): _____

Island Phone #: _____

Mobile cell phone #: _____

By enrolling the above player, I ensure that such individual is physically and mentally able to participate in all camp/league activities and has been examined by a licensed medical physician within one (1) year prior to attending camp. I understand that the Town of Oak Bluffs, its directors, officers, employees, representatives, independent contractors, cannot be held responsible in whole or part for any accidents, illness or injuries resulting in medical or dental expenses incurred from participation in this program. I hereby release each of them from and against any and all claims, costs, liabilities and injuries incurred while playing in the camp. I agree to assume full and complete responsibility for any and all medical bills arising from a player's participation. In the event of any emergency, I authorize the Oak Bluffs Park & Recreation Department to exercise its judgment in the treatment of said player by a medical authority. By signing this release and agreement I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL IF ITS TERMS. I execute this waiver voluntarily and with full knowledge of its significance to be binding on my heirs, my executors, administrators, assigns and myself. I accept the terms stated above.

Signature (of Parent/Guardian if under 18): _____

Date: _____

Amt. paid: _____