Groton Parks and Recreation
3 on 3 Basketball Summer Shootout
Team Roster/Waiver

Team Name _____ Division _____ Email _____

Phone _____

Player/Parent Initials/Date	Player Name	Age	Address, City, ST Zip
Captain			
Initials* + Date	Parent Name if under 18		
2			
Initials* + Date	Parent Name if under 18		
3			
Initials* + Date	Parent Name if under 18		
4			
Initials* + Date	Parent Name if under 18		

*** In order to participate, all players, or parents/guardians if player is under 18, must initial in front of their name above indicating their agreement with the following statement.**

In consideration of my participation in activities conducted and/or sponsored by the Town of Groton Parks and Recreation Department, I acknowledge that such activities are potentially hazardous and pose a risk of injuries that can be significant and that I assume such risks. I agree to release, hold harmless and waive any claims that might arise against the Parks and Recreation Department, the Town of Groton, and its officials, representatives, agents and employees on account of any and all injuries and claims of injury to person while participating in or traveling to and from said activities. I also hereby give my permission to the Town to use any photographs, motion pictures, recordings, or any other media record of said activities in which I and/or said child(ren) appear for any lawful purpose.

This form must be completed and submitted before first game or team will not be allowed to play.

Teams must register and pay separately.

Print and return to:
Groton Parks and Recreation
27 Spicer Ave
Noank, CT 06340

860-536-5680 office
860-536-5690 fax

Print Form