



Westfield United Basketball
Recreation Divisions and Travel League
Payable: Parks and Recreation Dept.



Participant's Name _____

Address: _____
First
Last
City
Zip
Grade

Gender: Female Male D/O/B _____ Age as of Oct. 1, 2021 _____ School Attending _____

Parent/Guardian Name: _____ Home Phone Number: (Phone number given to coaches ages 9 & up) _____

Cell Phone: _____ Email address: _____ Would you like to volunteer? Head Coach

COACHES WE NEED YOUR HELP! (NEED TO COMPLETE CORI/SORI AND CONFLICT OF INTEREST FORMS) Assistant Coach

Please check the appropriate recreation division:

I would like to coach with _____

_____ Instructional –Mondays Co-Ed 5-6 yrs. \$ 50.00

_____ Sophomore Boys 9-10 yrs. \$ 80.00

_____ Instructional –Tuesdays Co-Ed 5-6 yrs. \$ 50.00

_____ Junior Boys 11-12 yrs. \$ 80.00

_____ Freshmen-Co-ed 7-8 yrs. \$ 50.00

_____ Senior Boys 13-14 yrs. \$ 100.00

_____ Sophomore Girls 9-11 yrs. \$ 80.00

_____ Boys High School 15 yrs.– 18 yrs. \$ 100.00

_____ Junior Girls 12 and up \$ 80.00

(For those players who do not make the cut for suburban basketball after tryouts can register for the above divisions)

(Travel Suburban League) Please check below if playing /trying out for the suburban program



_____ Girls 5-6 Grade \$ 165.00

_____ Boys 5-6 Grade \$ 165.00

_____ Girls 7-8 Grade \$ 165.00

_____ Boys 7-8 Grade \$ 165.00

Participation in this activity may involve risk of injury. To my knowledge I (or my ward) have no health impairment which may interfere with or preclude any participation in the above described activity. As a parent or guardian or participant. I am aware of the hazards and my (or my ward's) ability to participate. I hereby agree to release, discharge and hold harmless the City of Westfield. Westfield Youth Basketball, Inc., its employees, contracted instructors and volunteers from any liabilities which may occur from participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the City of Westfield and Westfield Youth Basketball, Inc. does not provide accident/medical insurance for program participants. In addition, I give permission for the children(ren) to be treated by qualified medical personnel in the event that the above name parent/guardian can not be reached at the phone numbers provided.

ALL ADULT PARTICIPANTS MUST SIGN BELOW. IN ADDITION THE SIGNATURE OF A PARENT/GUARDIAN IS REQUIRED FOR REGISTRANTS UNDER THE AGE OF 18

_____ Date: _____

Mail or drop off to: City of Westfield Parks and Recreation Department-4 Holcomb Street- Westfield, MA 01085 Office (413) 572-6263 or Register on line at WestfieldMAParksRec.Com