

**CARROLLTON TOWNSHIP
RECREATION BASKETBALL
2009 – 2010**

Participant's Name (Last) _____ (First) _____

Home Address _____

Home Phone _____

Gender: M F
 Birthday (mm/dd/yy) _____ (Circle one)

\$40 per Participant
Registration Ends November 13th
Skill Evaluation/Draft day December 12th
 (will call with time/place)
Opening Day January 9th

ABSOLUTELY NO REFUNDS

Division Ages

- Division 1 – 7/8 yr old
- Division 2 – 9/10 yr old
- Division 3 – 11/12 yr old



ABSOLUTELY NO REFUNDS

Child will be placed in appropriate division based on age as of January 1, 2010. If your child wishes to be moved into a higher division they must request to do so at time of registration.

Coach draft to determine teams- **NO TEAM PLACEMENT REQUESTS**

Team T-Shirts are provided with the registration fee. Team T-shirts must be worn for all games

Circle size of shirt needed (50/50 pre-shrunk) Youth S YM YL Adult S AM AL AXL AXXL

DISCLAIMER FOR CARROLLTON TOWNSHIP RECREATION PROGRAM

I, parent/guardian of _____, acknowledge, agree, and understand that my child will be involved in a recreational program that may involve physical activities and the playing of games that may result in injury. I agree to assume on behalf of my child, all risks of injury incurred or suffered while involved in any activity conducted, sponsored, or endorsed by Carrollton Township. I agree not to sue the Township, its Board, employees, volunteers, agents, or anyone connected with the Township Recreation Program for any claim, damage, costs, or cause of action, which I or my child may have, or in the future have, as a result of injuries or damages sustained or incurred while my child is a participant in any such recreation program. I have read the above terms of this Agreement, understand them, and agree to abide by them.

Parent/Guardian Signature _____

Date _____



COACHES & VOLUNTEERS NEEDED!		
HEAD COACH _____	ASST. COACH _____	VOLUNTEER _____
Name _____		Child's Division _____
Home Phone _____	Work Phone _____	

**THIS FORM MUST BE SIGNED AND RETURNED TO THE TOWNSHIP OFFICE
 1645 Mapleridge Rd. Saginaw MI 48604-1798**