



**MEN'S ADULT BASKETBALL (18+)
2009-2010**

FEE: \$35 per person
No Refunds will be given

Tuesday evenings in November - end of March

7:00pm-9:00pm at Lumberton Middle School

Residents Only - Pick up games only. There were be a program coordinator at this site during play.

Players Name _____
 email _____
 Address: _____
 Cell # _____
 Home Telephone _____ *Work # _____
 Players Physician _____ Telephone # _____
 Emergency Contact _____ Telephone # _____
 Any Medical Concerns or Physical Restrictions or Allergies?
 Please list: _____

Please read/sign: In case of an emergency, I authorize the program's assigned personnel to administer first aid treatment, transport to THE NEAREST HOSPITAL if necessary. I understand that in the event of an emergency due to accidents beyond their control, I hereby release Lumberton Department of Recreation, its supervisors, sponsors, employees and program volunteers, from all liability.

Signature

Date

Date received _____	Received by _____	Check# _____	Amount\$ _____
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