

## CORTLANDT BOYS TRAVELING BASKETBALL TEAM

### Tryout Information

6th Grade 6:30 PM - 8:00 PM Monday, October 4th  
7th Grade 8:00 PM - 9:30 PM Monday, October 4th  
8th Grade 6:30 PM - 8:00 PM Tuesday, October 5th

**Eligibility:** All boys entering 6th, 7th, 8th grades as of September 2021, who reside in the Town of Cortlandt or attend Hendrick Hudson or Lakeland District Schools. Teams picked at the coaches discretion. There will be 3 separate boys teams; 6th, 7th, and 8th grades. Fill out the bottom portion of this form and bring it with you to tryouts or return it to the Recreation Office in Cortlandt Town Hall before tryouts.

**Fee:** \$225 with ID Card/ \$230 without ID Card  
Payment of registration fee due after accepted on team  
**(NO ONLINE REGISTRATION OR CREDIT CARD PAYMENTS; CASH AND/ OR CHECK ONLY)**

For more information please contact Tim Fisher at [timf@townofcortlandt.com](mailto:timf@townofcortlandt.com) or 914-734-1056.

Town of Cortlandt Recreation Division  
1 Heady Street  
Cortlandt Manor, NY 10567  
Attn: Travel Boys Basketball Team

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade Sept '21 \_\_\_\_\_ Height \_\_\_\_\_ Ft. \_\_\_\_\_ In.

School \_\_\_\_\_ Email \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Played Before? Circle One: Yes No Team Name \_\_\_\_\_

*I agree, or agree on behalf of my minor child, to assume: (i) all risk of personal injury or loss; (ii) bodily injury; and (iii) damage to, loss of, or destruction of any personal property resulting from or arising out of participation in the designated activity. I also release, waive, indemnify, hold harmless, and discharge the Town of Cortlandt from all claims, damages, and injuries arising out of my or my minor child's activities, including my or my minor child's use of equipment and facilities provided by the Town of Cortlandt. By checking "I Accept" line below, you are signing this Agreement.*

*By granting permission for my minor child to participate in any programs sponsored by the Town of Cortlandt, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that this child may be exposed to or infected by COVID-19 by his or her participation. I agree that if he or she is exposed to or infected by COVID-19 during his or her participation in any programs sponsored by the Town of Cortlandt, then my heirs, successors, assigns, and I have waived any right to maintain a lawsuit against the Town of Cortlandt for exposure to COVID-19, and my heirs, successors, assigns, and I shall hold the Town of Cortlandt harmless with respect to any damages incurred from my child contracting COVID-19.*

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE TOWN OF CORTLANDT DOES NOT PROVIDE ACCIDENT INSURANCE.**

For Office Use Only: Amount paid \$ \_\_\_\_\_ ID Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Date Deposited \_\_\_\_\_ Reg # \_\_\_\_\_