



<b>Coed 3<sup>rd</sup>-4<sup>th</sup> Grade</b> 6:00-7:00 p.m.	<b>Coed 5<sup>th</sup>-6<sup>th</sup> Grade</b> 7:00-8:00 p.m.	<b>Coed 7<sup>th</sup>-8<sup>th</sup> Grade</b> 8:00-9:00 p.m.
<b>December Dates:</b> 4 <sup>th</sup> , 5 <sup>th</sup> , 7 <sup>th</sup> , 13 <sup>th</sup> , 14 <sup>th</sup> , 18 <sup>th</sup> , 19 <sup>th</sup> , 20 <sup>th</sup> , and 21 <sup>st</sup> <b>January Dates:</b> 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 8 <sup>th</sup> , 10 <sup>th</sup> , 11 <sup>th</sup> , 16 <sup>th</sup> , 17 <sup>th</sup> , 18 <sup>th</sup> , 22 <sup>nd</sup> , 24 <sup>th</sup> , 25 <sup>th</sup> , 29 <sup>th</sup> , and 31 <sup>st</sup> <b>February Dates:</b> 1 <sup>st</sup> , 12 <sup>th</sup> , 14 <sup>th</sup> , 15 <sup>th</sup> , 26 <sup>th</sup> , 28 <sup>th</sup> , and 29 <sup>th</sup>		
<b>Little Big Vikes Coed K-1<sup>st</sup> Grade</b> 8:30-9:30 a.m.	<b>Little Big Vikes Coed 2<sup>nd</sup> Grade</b> 9:45-10:45 a.m.	
<b>December Dates:</b> 2 <sup>nd</sup> , 9 <sup>th</sup> , and 16 <sup>th</sup> <b>January Dates:</b> 6 <sup>th</sup> , 13 <sup>th</sup> , 20 <sup>th</sup> , and 27 <sup>th</sup> <b>February Dates:</b> 3 <sup>rd</sup> , 10 <sup>th</sup> , and 17 <sup>th</sup> Possible Snow Date: March 2 <sup>nd</sup>	<b>December Dates:</b> 2 <sup>nd</sup> , 9 <sup>th</sup> , and 16 <sup>th</sup> <b>January Dates:</b> 6 <sup>th</sup> , 13 <sup>th</sup> , 20 <sup>th</sup> , and 27 <sup>th</sup> <b>February Dates:</b> 3 <sup>rd</sup> , 10 <sup>th</sup> , and 17 <sup>th</sup> Possible Snow Date: March 2 <sup>nd</sup>	
<b>Registration Fee:</b> \$150.00 per player \$135.00, <b>Make Checks/Money Order Out To:</b> The Village of Montgomery		<b>Multi-Family Discount:</b> 2 <sup>nd</sup> Player- 3 <sup>rd</sup> Player-\$130.00, 4 <sup>th</sup> Player- \$125.00
<b>Mail Registration/Fee To:</b> Casey Rumsey 1000 Scotchtown Collabar Road Montgomery, NY 12549		

**PLAYER INFORMATION:**

First Name	Last Name
Grade	T-Shirt Size
Height	Weight

**PARENT(S)/GUARDIAN INFORMATION:**

First Name	Last Name
Address	
Phone	
Email	
Name of Emergency Contact and Number	

### **VOLUNTEER COACH:**

In order for this recreational basketball league to work, volunteers will be needed for coaching. Even if you have not had experience in coaching, we can provide you with the basic knowledge so that you and your players will have a rewarding experience. Please indicate below if you are interested in helping out this season. Thank you.

- Yes, I would like to volunteer as a coach this season.
- No, I am not able to help out this season as a coach.

### **LIABILITY WAIVER:**

This “WAIVER OF LIABILITY AND DISCLAIMER” must be signed by all participating adults and/or one custodial parent or guardian of children under 18 years of age. Without proper signatures, your registration cannot be processed and will be returned to you. I acknowledge that participation in athletic events necessarily involves risk of personal injury. I further acknowledge that the Vikings Youth Basketball Program is primarily administered by parents who volunteer their time rather than paid professionals. In consideration of accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge and hold harmless Vikings Youth Basketball Program, its employees, its volunteers, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the Vikings Youth Basketball Program sponsored events, including any physical injury by the negligence of any official, employee, referee, or coach while performing his/her duties during any practice or games.

**Signature Required** I have fully read and understand the waiver and release of all claims on this page. This waiver form is completed and signed of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **COVID-19 WAIVER:**

I understand that the risk of becoming exposed to or infected by Covid-19 at the Vikings Youth Basketball Program’s common areas may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Vikings Youth Basketball Program’s players, employees, volunteers, and other visitors and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my or my child(ren)’s presence at the Vikings Youth Basketball Program’s common areas and facilities. I also agree that I will not knowingly allow me, my family, or my invitees to go to the Vikings Youth Basketball Program’s common areas if we are sick, have a fever, suspect we have Covid-19, or know we have been exposed to Covid-19.

**Signature Required** I have fully read and understand the waiver and release of all claims on this page. This waiver form is completed and signed of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_