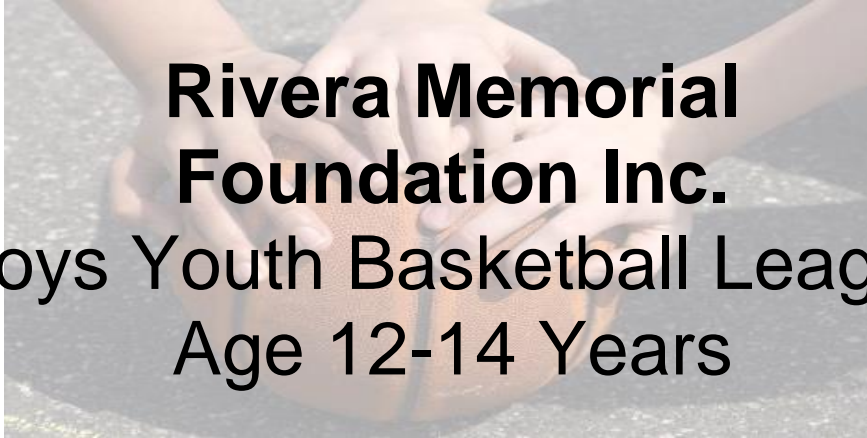




# RIVERA MEMORIAL FOUNDATION, INC.

2019 RIVERA MEMORIAL FOUNDATION  
YOUTH BASKETBALL LEAGUE



## Rivera Memorial Foundation Inc. Boys Youth Basketball League Age 12-14 Years

**Mandatory Draft Night:** Friday March 13<sup>th</sup>, 2020 @ 5:30pm at Duggan Elementary  
School 38 West Porter Street Waterbury CT 06708

REGISTRATION DEADLINE: **March 13<sup>th</sup>, 2020**

- The Rivera Memorial Foundation Inc. Boys Youth Basketball League welcomes boys aged 12-14 years old. **(PROOF OF AGE REQUIRED)**
- Cost is **\$25.00** per child (Includes Game Shirt). Fee is due at the time of registration. Must be registered and paid in full to participate.
- Registration is open to all 12-14 yr old boys until March 13<sup>th</sup>, 2020 first come first serve.
- You can register at Rivera Memorial Foundation Inc. 186 Cherry Street Waterbury, CT 06702 from 2pm-6pm Monday thru Friday.
- There will be a one night only **MANDATORY DRAFT** on March 13<sup>th</sup>, 2020 @ 5:30pm
  - **(IF YOU ARE NOT PRESENT FOR DRAFT YOU WILL POSSIBLY FORFIET YOUR POSITION)**
- Games will be played at Duggan Elementary School 38 West Porter Street Waterbury, CT 06708.
- Season tentative beginning date is **Monday March 23<sup>rd</sup>, 2020**
- Please contact Courtney Watts @ 203-509-6678 [court21280@gmail.com](mailto:court21280@gmail.com) for more information.

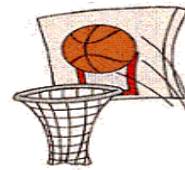
**Rivera Memorial Foundation Inc. Boys Youth Basketball League** is a recreational basketball league that is a competitive community league with teams comprising of a mix of boys age range from 12-14 years old.

**Focus** of the league is to foster a positive experience. We strive to give all participants equal play time and to keep teams evenly matched. All games have referees. Good sportsmanship is mandatory, and all participants will learn Teamwork. Team rosters will be done by a one-time only draft.

Registration # : \_\_\_\_\_



# RIVERA MEMORIAL FOUNDATION, INC.



## 2020 RIVERA MEMORIAL FOUNDATION YOUTH BASKETBALL TOURNAMENT

Please print clearly. Parents may only register their own children. Please complete a separate form for each child.

Player's Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
No. & Street City State Zip

Birth date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_

SKILL LEVEL: ☐ **BEGINNER/NOVICE** ☐ **ADVANCED BEGINNER** ☐ **INTERMEDIATE**

SHIRT SIZE: ☐ AD XTR SM ☐ AD SM ☐ AD MED ☐ AD LRG ☐ AD XL ☐ AD 2XL

Mother's/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact E-mail Address: (Name) \_\_\_\_\_

List any medical problem or prohibitions player has: \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

### WAIVER OF LIABILITY & CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules and regulations of the Rivera Memorial Foundation, New Opportunities, Inc., City of Waterbury, and all its agents. Recognizing the possibility of physical injury associated with the Program and in consideration for the Rivera Memorial Foundation accepting the registrant for its youth league, I hereby release, discharge and/or otherwise indemnify the Rivera Memorial Foundation, New Opportunities, Inc., City of Waterbury, and all its agents, its agents, sponsors, their employees associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the program. As well, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

☐ I/We, the parents/guardians of the above named child, do hereby give consent to the Rivera Memorial Foundation to use any photos taken at any event of my child for publicity purposes.

☐ I/We, the parents/guardians of the above named child, have received and read the parent code of conduct and agree to abide by its rules.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ **Contact information same as above** \_\_\_\_\_ **Contact information different from above** (Complete the following)

Address: \_\_\_\_\_  
No. & Street City State Zip

Phone No.: Home \_\_\_\_\_ Cell or Work \_\_\_\_\_

### FOR RMF, INC. OFFICE USE ONLY

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

