Little Falls Canal Celebration

3-on-3 Basketball Registration Form

Team Name:						
Contact:						
City:	A CANADA					
Phone:						
E-mail(s):						
Age Division:	Boys or Girls	12-14	15-18			
Player's Name	DOB	Phone				
hereby release and di	ischarge the City of Litt Joss I may suffer as a	le Falls, The Little Falls	s Family YMCA,	bound for myself, my heirs, exe and race officials from any and a ent. I certify that I am in good p	ll liability arising from injurie	
Signature		Date		Signature	Date	
(Parent/Guardian-if under 18)			_	(Parent/Guardian-if unde	(Parent/Guardian-if under 18)	
Signature		Date				
(Parent/Guardian-if u	ınder 18)					

**Please make checks payable to: Little Falls Canal Celebration

Return completed form and payment to:

Little Falls Family YMCA

15 Jackson St Little Falls, NY 13365