



**Kathleen L. Ryan, Director**

City School District of Albany

700 Washington Ave., Albany, NY 12203

(518) 475-6310 phone / (518) 475-6311 fax

email: [kathy.ryan@albany.k12.ny.us](mailto:kathy.ryan@albany.k12.ny.us)

---

## BASKETBALL ALUMNI GAME

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ (relationship?) Phone: \_\_\_\_\_

Health conditions: \_\_\_\_\_

Year you graduated from Albany HS? \_\_\_\_\_

What year(s) did you play on the VARSITY Basketball Team? \_\_\_\_\_

What number uniform did you wear in HS? \_\_\_\_\_

Current occupation? \_\_\_\_\_

**Participants should realize that, as in any athletic activity, there is an element of risk involved whereas physical injuries may occur. Please note that in the event of an athletic injury you are responsible for medical and/or hospital expenses incurred. Furthermore, the City School District of Albany is not responsible or liable for any problems or damages arising from participating in this activity.**

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