

Pre-2nd \$20

Whitefield Recreation Basketball Registration Form

Child's Name: _____ Age: _____ Grade: _____ Shirt Size: _____

Address: _____

Home Phone: _____ Email Address: _____

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

Emergency Contact Information (other than parents)

1. Name: _____ Home: _____ Cell: _____

2. Name: _____ Home: _____ Cell: _____

Any medical concerns (allergies, medications, etc.)? Yes _____ No _____

If yes, please explain:

I give permission for my child, _____, to participate in the Whitefield Recreation Basketball Program. I realize that certain activities have inherent risks, and I will take full responsibility for any accidents or injuries. I will not hold the Town of Whitefield or the Whitefield Recreation Program and its staff/coaches responsible for any injuries resulting from participating in this program. The Whitefield Recreation Department reserves the right to dismiss a child from a program for inappropriate behavior and disciplinary reasons.

Parent Signature: _____ Date: _____