

2009 Rindge Recreation Department Youth Sports Registration Form

For Rindge Residents

SPORT: _____

PLAYERS NAME: _____ **GRADE:** _____ **SEX:** _____

DOB: _____ **AGE:** _____ **SCHOOL:** _____

HOME PHONE #: _____ **E-MAIL ADDRESS:** _____

PARENT/ GUARDIAN: _____ **ALT. PHONE#:** _____

STREET ADDRESS: _____

TOWN: _____ **ZIP:** _____ **Shirt Size:** _____

Permission and Emergency Treatment

I hereby give my permission for my son/daughter to participate in the Rindge Recreation programs. I assume all risks and hazards incidental to such participation, including transportation to & from activities, and I do hereby waive, release, and agree to hold harmless the said Rindge Recreation, its volunteers, staff, and all sponsors for any claim arising out of injury to my son/daughter or property damage that might occur during the participation. I am aware of the hazards of the activities/sports and the risk of injury in these programs.

In case of emergency I hereby give my permission to the program staff and medical personnel selected by the Rindge Recreation, in my absence, act as my agent, to apply first aid when necessary, or in the event of a more serious accident, for my child to be transported to an emergency medical facility to receive emergency medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary, and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child. EVERY EFFORT WILL BE MADE TO CONTACT PARENTS IN THE EVENT OF AN EMERGENCY.

Medical Condition: _____

Parent Signature: _____ **Date:** _____

Emergency contact: NAME _____

Telephone #: _____ **Relationship to Player:** _____

PERMISSION TO PHOTOGRAPH

From time to time, photographs are taken of program participants for publication. Please indicate your preference:

_____ I give permission for my child to be photographed _____ I do not want my child photographed

VOLUNTEER

This program's success is dependent on the support of volunteers. Coaches are assigned teams their children play on. Please help! Check the appropriate box.

Head Coach , **Asst. Coach** , **Referee** , **Scorekeeper** , **Administrative Support**

Name: _____ **PHONE #:** _____

For Office Use Only: **Date Received:** _____ **Payment: Cash Amount:** _____

Check # _____ **AMT.** _____ **Name on Check** _____