

Adult First Name	MI	Last Name	Address
Primary Phone (Required)	Alternate Phone		Email
Emergency Contact Name & Phone(s)			

Participant Name (First)	(Last)	Date of Birth	Sex	Grade/Teacher Fall 2017	Program Name	Fee

SPECIAL CONCERNS: List any special needs or health related concerns of participant					Subtotal
COMPLETE THE LINES BELOW FOR YOUTH BASKETBALL REGISTRATION ONLY Does your player participate in a travel basketball league? <input type="radio"/> Yes <input type="radio"/> No					Recreation Scholarship Fund Donation (optional)
BASKETBALL T-SHIRT SIZE: <input type="radio"/> YS <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> AS <input type="radio"/> AM <input type="radio"/> AL					Total
Indicate willingness to be a youth basketball coach. <input type="radio"/> Coach or <input type="radio"/> Assistant					Payment Type: <input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> Check # _____
T-SHIRT SIZE: (for applicable programs) <input type="radio"/> YS <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> AS <input type="radio"/> AM <input type="radio"/> AL <input type="radio"/> AXL					
PICK-UP CONTACT INFORMATION: Please list all authorized adults who may pick up a child from a program					
WAIVER OF PARTICIPANT BY PARENT OR SELF: I hereby agree to release, discharge and hold harmless the Town of Essex, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability or damage that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Essex to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Essex does not provide insurance for recreational program participants. I further agree to abide by all rules, regulations, codes of conduct for all programs I am participating in. Photo Release: I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Essex to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaged in the above listed recreational activities.					

X Signature

Date

