

REGISTRATION FORM

CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE: _____

HEALTH CARD #: _____ SEX: _____

RELEVANT MEDICAL INFO: _____

ADDRESS: _____

PHONE #: _____ (HOME) _____ (WORK) _____ (CELL) _____

WAIVER IN THE EVENT OF INJURY

I, the parent/guardian of the above-named child, who is a candidate for the Co-ed Shelburne & Area Minor Basketball Program, give my approval to his/her participation. I do hereby release, absolve, indemnify and hold harmless the Municipality of Shelburne Recreation Department, the organizers, sponsors and the supervisors, any and all of them. I assume all risks and hazards incidental to the conduct of the activities.

Parent's Name:

Signature:Date: