## MARBLETOWN PARKS & RECREATION DEPARTMENT

PO Box 217, Stone Ridge, NY 12484 845-687-7500 x170 youthandrec@marbletown.net

## BASKETBALL REGISTRATION FORM

CHILD'S NAME		_BIRTHDATE	
ADDRESS	CITY/S	TATE	
CELL PHONE	SHIRT SIZ	E	
EMAIL ADDRESS			
EMERGENCY CONTACT	PHO1	NE	
INSURANCE INFO			
Pre-existing medical conditions	s (e.g. allergies or chronic illne	esses)	
Rec Dept. I am responsible for my own child's me I hereby certify that I understand the Tow programs if I do not adhere to these policies. I agre harmless and defend the Town of Marbletown, its damages and losses sustained by me as a result of I	dminister medical aid.  It is not responsible for any injury that of edical coverage.  If of Marbletown's rules and policy. I are to follow all program rules and regulofficers, agents, servants and employee participation in this program and use of these is to instruct your child in the sport to bling) should be left unattended during to	also understand that I may forfeit future admittance lations. Furthermore, I agree to indemnify and hole from any and all claims resulting from injuries, f the Marbletown Elementary School. that he/she is participating in. They are not meant to our programs. If you need to leave for any reason,	ld to
Please initial if you give the Parks allow them to use such photographs of my publicity, illustration, advertising and web	child for any lawful purpose, incl		
SIGNATURE OF PARENT OR LEGAL	GUARDIAN		
	Print Name	Date	
BOYS & GIRLS GRADES K – 1	GRADES 2 - 3	GRADES 4 - 6	