MARBLETOWN YOUTH AND RECREATION COMMISSION

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

BASKETBALL REGISTRATION FORM

CHILD'S NAME		BIRTHDATE	
ADDRESS	CITY/S	STATE	
CELL PHONE	BUSINESS PI	HONE	
EMAIL ADDRESS			
EMERGENCY CONTACT	PHO	NE	
INSURANCE INFO			
Pre-existing medical conditions	(e.g. allergies or chronic illn	esses)	
I hereby give my permission for the above to partice permission for a licensed physician or licensed first I understand that the Town of Marbletown is Youth Commission. I am responsible for my own of I hereby certify that I understand the Town programs if I do not adhere to these policies. I agree harmless and defend the Townsof Marbletown, its of damages and losses sustained by me as a result of participant or sible please remember that the job of our coache be child care providers. No child (participant or sible please appoint a friend or relative to watch your child safe and happy experience.	aid person to administer medical aid is not responsible for any injury that of child's medical coverage. In of Marbletown's rules and policy. I see to follow all program rules and regulations, agents, servants and employer articipation in this program and use of eas is to instruct your child in the sport ling) should be left unattended during ld and to take him/her home in case of	also understand that I may forfeit future adralations. Furthermore, I agree to indemnify sees from any and all claims resulting from in the Marbletown Elementary School. that he/she is participating in. They are not our programs. If you need to leave for any of an emergency. Our goal is for your child the content of the seed of	Marbletown mittance to and hold njuries, t meant to reason, to have a
The Town of Marbletown Recreation use such photographs of my child for any law advertising and web content.			
SIGNATURE OF PARENT OR LEGAL O	GUARDIAN		
	Print Name	Date	
BOYS & GIRLS GRADES K – 1	GRADES 2 - 3	GRADES 4 - 6	