



# BRIDGEWATER RECREATION COMMISSION

P.O. Box 216, Bridgewater, CT 06752 (860) 355-9133

email: recreation@bridgewater townhall.org

## BASKETBALL WINTER 2010 Registration Form

Child Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Phone: home: \_\_\_\_\_ cell: \_\_\_\_\_

T-Shirt size (circle one) **Youth** S(6/8) M(10/12) L (12/14) XL(16/18)

FEE: \$25.00 (INCLUDES A T-SHIRT & TROPHY)

Cash \$ \_\_\_\_\_

Check # \_\_\_\_\_ (payable to "Bridgewater Basketball")

***Please send to school ATTENTION: Ann Virbickas or leave at Town Hall***

### EMERGENCY INFORMATION

Known Medical Problems or Allergies: \_\_\_\_\_

### NOTIFY IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

### MEDICAL AUTHORIZATION

I, being the parent or legal guardian of the above named minor, do hereby appoint a representative of the Bridgewater Recreation Program to act on my behalf in authorizing medical, dental, surgical care or hospitalization for the above named minor in my absence.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### LIABILITY WAIVER

I/we hereby give my permission for my child, \_\_\_\_\_, to participate in the above named program from \_\_\_\_\_ to \_\_\_\_\_.

I will hold harmless the Town of Bridgewater, its officials, agents, instructors, directors and employees for any and all injury or damage which my child personally incurs or injury or damage to the person or property of others which my child causes or contributes to while participating in the program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_