

## TOWN OF MAMAKATING CHASE HOOPS REGISTRATION FORM

Name of Youth Participant	Age/Grade	Allergies/Medical or Physical Condition
(T-shirt size/circle one) ys Parent/Guardian:	ym yl yxl as am	al axl SEX: (M/F)
Address:		
Home Phone:	Cell #:	Email:
EMERGENCY #	Re	lationship:
CONSENT/RELEASE OF LIABILITY		
recreation program and all other requires physical and mental fit participate in the program. If m person above is not immediatel treatment by any qualified physical	er activities of the progra ness. My child is in adec ny child requires medical y available, I hereby con sician or emergency resp	participants listed above) to participate in this im. I am aware that this recreation program quate physical and mental condition to attention, and if I and the emergency contact sent to my child receiving emergency medical onder.
harmless the Town of Mamakat injury, disability, death, loss or c causes of action, including with	ing, its officers, employe damage to person or pro out limitation reasonable	es and/or agents with respect to any and all perty, liabilities, costs, damages, claims and attorneys' fees, arising from or in any way creation program, to the fullest extent permitted
	ities in which my child p	ext of kin, I knowingly assume all risks, hazards articipates prior to, during and subsequent to
program. I understand that the to the recreation program and I property and articles of clothing not responsible for the safekeep	Town is not responsible understand that any spa is provided for my and in point of any such property	
Signed:	Print Name:	Date: