

# Saugus Youth & Recreation Basketball Program Registration

<u>Last Name</u>	<u>First Name</u>	<u>Date of Birth</u>	<u>Grade &amp; School</u>	<u>Program Title</u>	<u>Program Fee</u>	<u>T-Shirt Size</u>

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Child's medications, **allergies**, disabilities, etc. \_\_\_\_\_

**Emergency Contact 1** Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Emergency Contact 2** Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Participation in this activity may involve risk of injury. To my knowledge I (or my ward) have no health impairment which might interfere with or preclude any participation in the above described activity. As a parent guardian or participant, I am aware of these hazards and my (or my ward's) ability to participate. I hereby agree to release, discharge and hold harmless the Town of Saugus, it's employees, contracted instructors and volunteers from any liabilities which may occur from participating in this activity. I understand that participation in any recreational sport activity involves risk. I further understand that the Town of Saugus does not provide accident/medical insurance for program participants. In addition, I give permission for my child(ren) to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I also grant to Saugus Youth & Recreation, its representatives and employees the right to take photographs of myself and/or my child(ren) in connection with this program. I authorize Saugus Youth & Recreation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Saugus Youth & Recreation may use such photographs of me with or without my name and for any lawful purpose. All adult participants must sign below. In addition, the signature of a parent/guardian is required for registrants under 18.

*Mail or drop off to:*  
**Saugus Youth & Recreation**  
 400 Central Street, Saugus MA, 01906  
 Telephone: 781-231-4022 Fax: 781-231-4100  
 youthrec@saugus-ma.gov  
**Please make check payable to:**  
**Town of Saugus**

**For Office Use Only:**

Total \_\_\_\_\_

Method of payment \_\_\_\_\_

Date received \_\_\_\_\_

\_\_\_\_\_  
 Signature (Parent/Guardian if participant is under 18)

\_\_\_\_\_  
 Date