

Program: Bradford Trowt Basketball

Parent or Legal Guardian Information

**Indicates required fields*

**(Please clearly print all fields.)*

*Last Name _____ *First Name _____

*Birthdate (mm/dd/yy) _____ *Gender: Female Male

*Address _____

*Zip Code _____ City _____ State _____

Email address: _____

What is the best number to reach you?

*Primary Phone (____) _____ - _____

Secondary Phone (____) _____ - _____

Other Phone (____) _____ - _____

Can your child be released to anyone other than parent or legal guardian? Yes__ No__ If yes, please list below.

Primary Emergency Contact Information

First Name _____ Last Name _____

Relationship _____ Phone (____) _____ - _____

Child /Participant Information

1 *Last Name _____ *First Name _____

*Birthdate (mm/dd/yy) _____ *Age _____ *Gender: Female Male

If this is a child, what grade are they in? _____

Are there any allergies or medical needs? _____

2 *Last Name _____ *First Name _____

*Birthdate (mm/dd/yy) _____ *Age _____ *Gender: Female Male

If this is a child, what grade are they in? _____

Are there any allergies or medical needs? _____

3 *Last Name _____ *First Name _____

*Birthdate (mm/dd/yy) _____ *Age _____ *Gender: Female Male

If this is a child, what grade are they in? _____

Are there any allergies or medical needs? _____

4 *Last Name _____ *First Name _____

*Birthdate (mm/dd/yy) _____ *Age _____ *Gender: Female Male

If this is a child, what grade are they in? _____

Are there any allergies or medical needs? _____

Please read carefully and sign below

Waiver and Release

I hereby agree to permit my child to participate in the above program(s) sponsored by the Recreation Department of the Town of Narragansett, its officers, directors, employers, and agents (herein collectively called "the Town") upon the understanding and condition that:

My child(ren) is presently being treated for a medical condition: Yes _____ No _____

If yes, please explain: See above referenced explanation

I acknowledge that the Town has advised me of the medical risks that may result in such participation and I represent to the Town that I have consulted my child's personal physician and that my child is physically capable of such participation without injury.

I hereby waive and release the Town from any and all claims, liabilities, and expenses arising from my participation in the said program with the exception of claims resulting from gross negligence or willful misconduct on the part of the Town.

I also hereby agree to permit my child to be photographed and/or videotaped while participating in the above program sponsored by the Recreation Department of the Town of Narragansett. By signing this form, I am permitting photographs and/or videos of my child to be used by the Town for purposes of advertising, newspaper articles, department displays, etc.

I hereby execute and deliver this Waiver and Release to induce the Town to permit my child to participate in the program.

Signature: _____ Date: _____

Printed Name: _____

For Office Use Only

Cash/Check #: _____ Amount: _____ Date: _____ Clerk: _____ Birth Certificate Received: Yes/No