

REGISTRATION FORM
2010 READING GIRLS BASKETBALL "FALL BALL" CLINIC

4 SATURDAYS: Sept. 25 – Oct. 23 (not including Oct. 9)

- FOR PLAYERS ENTERING GRADES K - 5
- FOR PLAYERS ENTERING GRADES 6 - 9

Player Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Current Grade: _____ Age: _____ Height: _____

Tee-Shirt Size (adult): S M L XL OR Tee-Shirt Size (youth): S M L

Parent Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

EMail: _____

Insurance Company Name: _____

Insurance Policy #: _____

Name of Child's Physician: _____

Physician's Phone: _____

Medical Concerns/Allergies: _____

I/We, _____, parent/guardian of _____, a minor, do hereby consent to her participation in the Reading, Massachusetts Recreation Programs and do forever release, acquit, discharge and covenant to hold harmless the Town of Reading and its successors, employees, agents, servants and officers from any and all actions, causes of action, and claims, demands, damages, costs, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/we may have now or hereafter have as the parent or guardian of said minor and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after reaching majority resulting from her/his participation of the Reading Recreations Programs and/or receiving medical attention as provided herein; furthermore, I/we hereby agree to indemnify, reimburse or make good to the Town of Reading or its successors, employees, agents, servants and officers any loss or damage or costs, including attorney's fees, the Town or its representatives may incur if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said recreation programs. I/we understand that this program involves physical activity and hereby state that to my/our knowledge such minor is in proper physical condition for participation in such program. I/we also agree to provide such minor with all the proper and required equipment to participate in such programs. In the event of an emergency requiring medical attention, beyond first aid, I/we hereby grant permission to a physician or hospital personnel designated by the Reading Recreation Division to attend to such minor. I have fully read and understand the terms of this release and waiver.

Parent/Guardian Signature

Date

Please make \$100 check payable to "Town of Reading"
and mail with completed form to:
Kim Penney
25 Preston Street
Wakefield, MA 01880