

SHARON RECREATION AND YOUTH

PROGRAM REGISTRATION FORM

PROGRAM - _____.

Name: _____
Address: _____
City: _____ State: _____
Telephone: _____ Date of Birth: _____
Student's Grade: _____ Email: _____
Parents Names: Father - _____ Mother - _____

I/We the parents/guardians of the above named participant for the Sharon Youth program, do hereby give my/our permission to participate in any and all activities relating to the Sharon Youth program.

I/We know that by participating in a sport program there may be injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons transporting my\our child to and from activities for any claims arising out of any injury to my/our child.

I/We will furnish any and all documents necessary to verify the age and information provided as requested by the Sharon Rec/Youth.

Parent/Guardian Signature: _____ Date: _____
_____ Date: _____

Please indicate any physical limitations your child may have. (allergies, hearing, sight,etc.)

Name of Person/Persons to notify in case of an emergency:

Name: _____ Relation: _____ Phone: _____

Family Doctor/Hospital: _____

Additional Information you may feel that we need to know: _____
