

2015 PROGRAM: **Basketball #1:** June 29- July 2
(Please circle all that apply) **Field Hockey:** July 20-24

Basketball #2: July 13-17
Tennis: ½ day program: we will send a separate registration form for tennis.

CHILD'S NAME _____ School: _____

ADDRESS _____ CITY/STATE/ZIP: _____

GRADE IN SEPTEMBER 2015: _____ DATE OF BIRTH: _____

T-SHIRT SIZE (please circle one): YS, YM, YL/AS, AM, AL, AXL (note YL/AS are the same size)

PHONE: _____ CELL: _____

EMAIL: (required) _____

NAMES OF PARENTS/GUARDIANS: _____

ADDRESS: _____

MEDICAL INFORMATION

EMERGENCY CONTACT PERSON: _____

PHONE: _____ CELL: _____

IF YOUR CHILD HAS SPECIFIC MEDICAL ISSUES, PLEASE PROVIDE A DESCRIPTION OF THE ISSUE ON A SEPARATE DOCUMENT. THE CITY RESERVES THE RIGHT TO REQUEST A REPORT FROM YOUR DOCTOR. SHOULD A REPORT BE NECESSARY, YOU WILL BE REQUESTED TO PROVIDE A RELEASE OF MEDICAL INFORMATION.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

BY MY SIGNATURE BELOW, I GIVE MY CONSENT FOR EMERGENCY MEDICAL CARE BY A DULY LICENSED PHYSICIAN OR DENTIST.
IT IS UNDERSTOOD THAT I WILL BE CONTACTED AS SOON AS POSSIBLE AFTER AN INCIDENT.

PHOTO RELEASE

BY MY SIGNATURE BELOW, I GRANT PERMISSION TO THE HOLYOKE PARKS AND RECREATION DEPARTMENT TO USE PHOTOGRAPHS TAKEN OF MY CHILD PARTICIPATING IN THIS PROGRAM FOR PRESS RELEASES, ADVERTISING, OR ANY OTHER MEDIA OUTLET.

LIABILITY WAIVER

BY MY SIGNATURE BELOW, I AGREE THAT I AND MY CHILD WILL ABIDE BY THE RULES OF THE PROGRAM. RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH YOUTH SPORTS, I HEREBY RELEASE, DISCHARGE, OR OTHERWISE INDEMNIFY THE CITY OF HOLYOKE AND THE SPORTS LEAGUE OR THEIR AGENTS AND ASSIGNS AGAINST ANY CLAIM ON BEHALF OF MY CHILD AS A RESULT OF MY CHILD'S PARTICIPATION IN THE ACTIVITIES AND/OR BEING TRANSPORTED TO OR FROM THE ACTIVITIES, WHICH TRANSPORTATION I AUTHORIZE, AND/OR BEING RELEASED AT THE END OF THE DAY ON HIS OR HER OWN.

BY MY INITIALS AT THE END OF THIS PARAGRAPH, I AGREE THAT MY CHILD CAN BE RELEASED, ON HIS OR HER OWN, AT THE END OF THE DAY, OR AT THE END OF THE ACTIVITIES.

SIGNATURE OF PARENT OR GUARDIAN

DATE